NHS EAST RIDING OF YORKSHIRE CLINICAL COMMISSIONING GROUP

CONSTITUTION

Better care, more locally, within budget, through transformation

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FOREWORD

This constitution sets out the arrangements made by the East Riding of Yorkshire Clinical Commissioning Group to meet its responsibilities for commissioning care for the people for whom it is responsible. It describes the governing principles, rules and procedures that the group will establish to ensure probity and accountability in the day to day running of the Clinical Commissioning Group; to ensure that decisions are taken in an open and transparent way and that the interests of patients and the public remain central to the goals of the group.

The constitution includes:

Our Vision to provide 'better care, more locally, within budget through transformation'.

Our Values which lie at the heart of the Groups work to be Patient Centred, Work in Partnership and be Transparent, Legitimate and Inclusive in the way we work.

The Constitution sets out the way we have agreed to work together as GP practice members to deliver our statutory duties given to us through the Health Bill and how we will work with our partners: our patients, public, providers, local council, neighbouring CCGs and other stakeholders to ensure good governance, probity and accountability.

This constitution applies to all of the CCGs member practices as listed in the Constitution, all employees of the CCG, others working on behalf of the CCG and members of any other committee(s) or sub-committees established by the group or its governing body.

It is our aim over the next few years to see the transformation of health services which we commission to become sustainable, more efficient, more integrated services provided nearer to patients' homes. We will also support our patients to make more informed decisions about their health and health care. To do so we will need to be more inclusive in the way we involve and engage our patients, public and stakeholders in the way we design, redesign and change health services and this is what this constitution commits us to.

I look forward to working with all of you to achieve our aims.

Dr Luigina Palumbo
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1. INTRODUCTION AND COMMENCEMENT

1.1. Name

1.1.1. The name of this clinical commissioning group is NHS East Riding of Yorkshire Clinical Commissioning Group (the "Group").

1.2. Statutory Framework

1.2.1. NHS East Riding of Yorkshire Clinical Commissioning Group (the "Group") is established under the Health and Social Care Act 2012 ("the 2012 Act"). It is a statutory body which has the function of commissioning services for the purposes of the health service in England and it is treated as an NHS body for the purposes of the National Health Service Act 2006 ("the 2006 Act"). The duties of the Group to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.

1.2.2. The NHS Commissioning Board is responsible for determining applications from prospective groups to be established as clinical commissioning groups and will undertake an annual assessment of the Group. It has powers to intervene in a clinical commissioning group where it is satisfied that a group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.

1.2.3. The Group is a clinically led membership organisation made up of providers of primary medical services. The members of the Group are responsible for determining the governing arrangements for their organisation, which they are required to set out in a constitution.

1.3. Status and Interpretation of this Constitution

1.3.1. In the event of a conflict between any of the provisions in the main body and any of the provisions of the appendices, the provisions in the main body of the Constitution will prevail.

1.3.2. This constitution is made between the members of NHS East Riding of Yorkshire Clinical Commissioning Group and has effect from the date the NHS Commissioning Board establishes the Group. The constitution is published on the Group's website.

1.4. Amendment and Variation of this Constitution

1.4.1. This constitution can only be varied in two circumstances.

a) where the Group applies to the NHS Commissioning Board and that application is granted;

b) where in the circumstances set out in legislation the NHS Commissioning Board varies the Group's constitution other than on application by the Group.

2. AREA COVERED

2.1. The geographical area covered by NHS East Riding of Yorkshire Clinical Commissioning Group is shown on the map at Appendix B1 to this constitution.

The area is **approximately** 1,000 square miles. It covers an extensive rural area which includes the coastal strip from Spurn Point to Bridlington across Holderness, Haltemprice and Goole & Howdenshire. The area has diverse communities ranging from villages in the Wolds and on the outskirts of Hull, rural farming areas, market towns in Driffield, Goole, Beverley, Hessle and Market Weighton to the coastal towns of Bridlington, Hornsea and Withernsea.

3. MEMBERSHIP

3.1. Membership of the Clinical Commissioning Group

3.1.1. The practices listed at Appendix B2 to this constitution comprise the members of NHS East Riding of Yorkshire Clinical Commissioning Group.

3.2. Eligibility and Application for Membership

3.2.1. Providers of primary medical services will be eligible to become members of this Group provided that:

a) they have had their application approved by the Governing Body;

b) the NHS Commissioning Board has approved the change in the membership of the Group; and

c) they have been entered into the list of members at Appendix B2.

3.3. Members' Commitments

3.3.1. The members agree to: work in accordance with the Inter Practice Agreement as agreed from time to time by the Council of Members.

4. VISION, VALUES AND AIMS

4.1. Vision

4.1.1. The vision of NHS East Riding of Yorkshire Clinical Commissioning Group is agreed as “better care, more locally, within budget, through transformation”.

4.1.2. The Group will promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties.

4.2. Values

4.2.1. Good corporate governance arrangements are critical to achieving the Group’s objectives.

4.2.2. The values that lie at the heart of the Group’s work are:

A **Everyone Counts**

We will provide services designed around our patients:

1. Treating colleagues, patients, carers and the public with dignity, respect and compassion.

2. Ensuring patients and carers have a voice; listening to and valuing their input into the design and delivery of services we commission.

3. Ensuring resources are used for the benefit of the whole community making sure that nobody is left behind or excluded.

4. Striving to improve health and wellbeing and peoples experiences of the NHS.

B **Partnerships**

We will develop effective partnerships, working collaboratively to promote health and wellbeing for the benefit of our patients:

1. Working closely and innovatively with our partners to make improvements for our patients and ensure that services offer value for money.

2. Being responsive, listening to and working with the community, practices and partner organisations.

3. Working with partners and providers to ensure services are integrated, seamless, sustainable and offer a high quality patient experience.

C **Leadership & Integrity**

We will be transparent and honest in all our dealings making sure we communicate clearly:

1. Ensuring that we have a clear rationale for our decision making and that decisions are made public.

2. Being open with the public, our patients and all other stakeholders to build a mutual level of trust and understanding.

3. Taking pride in what we do and what we achieve displaying high ethical standards in order to improve standards of care

D **Involve**

We will work with legitimacy and inclusivity as a health 'system':

1. Ensuring ongoing commitment to reducing health inequalities and promoting / advancing equality in the East Riding of Yorkshire.

2. Valuing patient engagement and involvement to improve and enhance local health services.

3. Maintaining belief that health outcomes should be the same for everyone.

E **Quality**

We will ensure services deliver Value for Money for our patients by improving and innovating for patient experience and safety:

1. A commitment to ensuring that safe, effective and high quality health services are commissioned.

2. Ensuring people have access to services.

3. Monitoring the patient experience.

4. Continually assessing the standard, performance and costs of services.

5. Developing a unified standard of excellence for performance and delivery of care

F **Improve**

We will be ambitious on behalf of our local health community, continually developing our services:

1. Encouraging creativity and innovation to solve health challenges.

2. Improving outcomes through transformational change.

3. Having the courage to try new things, utilising the creativity of our stakeholders and staff.

4.3. Aims

4.3.1. The Group's aims/strategic priorities are to:

a) support our patients and population to achieve healthy independent aging;

b) reduce health inequalities across the East Riding;

c) improve the physical and mental health and wellbeing of children;

d) work within our financial allocation to ensure delivery of value for money in all our commissioned services;

e) meet our commitment to deliver improving outcomes in line with national and local drivers for change.

4.4. Principles of Good Governance

4.4.1. In accordance with section 14L(2)(b) of the 2006 Act, the Group will at all times observe "such generally accepted principles of good governance as are relevant to it" in the way it conducts its business. These include:

a) the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;

b) *The Good Governance Standard for Public Services*;

c) the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the 'Nolan Principles'

d) the seven key principles of the *NHS Constitution*;

e) the Equality Act 2010.

f) All other applicable legislation.

4.5. Accountability

4.5.1. The Group will demonstrate its accountability to its members, local people, stakeholders and the NHS Commissioning Board in a number of ways, including by:

a) publishing its constitution;

b) appointing independent lay members and non GP clinicians to its Governing Body;

c) holding meetings of its Governing Body in public (except where the Group considers that it would not be in the public interest in relation to all or part of a meeting);

d) publishing annually a commissioning plan;

e) complying with local authority Health Overview and Scrutiny Committee (HOSC) requirements specifically in keeping the HOSC informed of material service changes and attending HOSC meetings to present evidence and information on health issues as requested by the HOSC

f) meeting annually in public to publish and present its annual report (which must be published);

g) producing annual accounts in respect of each financial year which must be externally audited;

h) having a published and clear complaints process;

i) complying with the Freedom of Information Act 2000;

j) providing information to the NHS Commissioning Board as required.

4.5.2 The Governing Body of the Group will throughout each year have an ongoing role in reviewing the Group's governance arrangements to ensure that the Group continues to reflect the principles of good governance.

5. FUNCTIONS AND GENERAL DUTIES

5.1. Functions

5.1.1. The functions that the Group is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. An outline of these appears in the Department of Health's *Functions of clinical commissioning groups* (Gateway reference 17005, 12 June 2012). They relate to:

a) commissioning certain health services (where the NHS Commissioning Board is not under a duty to do so) that meet the reasonable needs of:

i) all people registered with member GP practices, and

ii) people who are usually resident within the area and are not registered with a member of any clinical commissioning group;

b) commissioning emergency care for anyone present in the Group's area;

c) paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body and determining any other terms and conditions of service of the Group's employees;

d) determining the remuneration and travelling or other allowances of members of its Governing Body.

5.1.2. In discharging its functions the Group will:

a) act, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and the NHS Commissioning Board of their duty to ***promote a comprehensive health service*** *and* with the objectives and requirements placed on the NHS Commissioning Board through *the mandate* published by the Secretary of State before the start of each financial year by:

i) Delegating responsibility for meeting those objectives and requirements for them to the Governing Body through a scheme of delegation and maintaining oversight of the manner in which the Governing Body discharges those functions.

ii) Publishing an annual commissioning plan.

b) ***meet the public sector equality duty*** by:

i) Delegating to the Governing Body responsibility for production and monitoring of an Equality Action Plan.

c) work in partnership with East Riding of Yorkshire Council to develop ***joint strategic needs assessments*** and ***joint health and wellbeing strategies*** by:

i) Nominating a GP member of the Governing Body to serve on the Health and Wellbeing Board

ii) Delegating responsibility for the oversight of the Group's contribution to the work of the Health and Wellbeing Board to the Governing Body

5.2. General Duties

In discharging its functions the Group will:

5.2.1. Make arrangements to **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:

a) Delegating responsibility for such arrangements to the Governing Body;

b) Working in accordance with the Group's engagement strategy;

c) Publishing information about health services on the Group's website and through other media; and

d) Encouraging and acting on feedback from patients and the public.

5.2.2. **Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution** by:

a) Delegating responsibility for these arrangements to the Governing Body;

b) Ensuring that the Governing Body adopts and keeps under review a policy with respect to the NHS Constitution; and

c) Monitoring the delivery of the Group's general duties through the Group's reporting mechanisms.

5.2.3. Act **effectively, efficiently and economically** by:

a) Delegating responsibility for this function to the Governing Body;

b) Discharging them in accordance with a Scheme of Delegation that the Council of Members will adopt and keep under review; and

c) Monitoring the delivery of the Group's general duties through the Group's reporting mechanisms.

5.2.4. Act with a view to **securing continuous improvement to the quality of services** by:

a) Delegating this responsibility to the Governing Body;

b) Discharging them in accordance with a Scheme of Delegation that the Council of Members will adopt and keep under review; and

c) Monitoring the delivery of the Group's general duties through the Group's reporting mechanisms.

5.2.5. Assist and support the NHS Commissioning Board in relation to the Board's duty to **improve the quality of primary medical services** by:

a) Delegating this responsibility to the Governing Body

b) Discharging them in accordance with a Scheme of Delegation that the Council of Members will adopt and keep under review; and

c) Monitoring the delivery of the Group's general duties through the Group's reporting mechanisms

5.2.6. Have regard to the need to **reduce inequalities** by:

a) Delegating this responsibility to the Governing Body

b) Publishing and updating an Equality Action Plan; and

c) Monitoring performance and delivery against the Equality Action Plan and reviewing it on an annual basis.

5.2.7. **Promote the involvement of patients, their carers and representatives in decisions about their healthcare** by:

a) Delegating this responsibility to the Governing Body

b) Discharging them in accordance a Scheme of Delegation that the Council of Members will adopt and keep under review; and

c) Monitoring the delivery of the Group's general duties through the Group's reporting mechanisms

5.2.8. Act with a view to **enabling patients to make choices** by:

a) Delegating this responsibility to the Governing Body

b) At all times having regard to the principles contained in the NHS Constitutions and any other relevant guidance or Directions issued by the Secretary of State or the NHS Commissioning Board,

c) Discharging them in accordance with a Scheme of Delegation that the Council of Members will adopt and keep under review; and

d) Monitoring the delivery of the Group's general duties through the Group's reporting mechanisms

5.2.9. **Obtain appropriate advice** from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

a) Delegating this responsibility to the Governing Body

b) Discharging them in accordance with a Scheme of Delegation that the Council of Members will adopt and keep under review; and

c) Monitoring the delivery of the Group's general duties through the Group's reporting mechanisms

5.2.10. **Promote innovation** by:

a) Delegating this responsibility to the Governing Body

b) Encouraging Members to put forward proposals for service redesign or improvements aimed at securing the overall vision of the Group

c) Discharging them in accordance with a Scheme of Delegation that the Council of Members will adopt and keep under review; and

d) Monitoring the delivery of the Group's general duties through the Group's reporting mechanisms

5.2.11. **Promote research and the use of research** by:

a) Delegating this responsibility to the Governing Body

b) Having regard to any collaborative arrangements that may from time to time be made regionally or nationally for the promotion of research

c) Discharging them in accordance with a Scheme of Delegation that the Council of Members will adopt and keep under review; and

d) Monitoring the delivery of the Group's general duties through the Group's reporting mechanisms

5.2.12. Have regard to the need to **promote education and training** for persons who are employed or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty by:

a) Delegating this responsibility to the Governing Body

b) Discharging them in accordance with a Scheme of Delegation that the Council of Members will adopt and keep under review; and

c) Monitoring the delivery of the Group's general duties through the Group's reporting mechanisms

5.2.13. Act with a view to **promoting integration** of *both* health services with other health services *and* health services with health-related and social care services where the group considers that this would improve the quality of services or reduce inequalities by:

a) Delegating this responsibility to the Governing Body

b) Discharging them in accordance with a Scheme of Delegation that the Council of Members will adopt and keep under review; and

c) Monitoring the delivery of the Group's general duties through the Group's reporting mechanisms

5.3. General Financial Duties

5.3.1. The Group will perform its functions so as to comply with its general financial duties to:

a) Ensure its expenditure does not exceed the aggregate of its allotments for the financial year;

b) Ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by the NHS Commissioning Board for the financial year;

c) Take account of any directions issued by the NHS Commissioning Board, in respect of specified types of resource use in a financial year, to ensure the group does not exceed an amount specified by the NHS Commissioning Board; and

d) Publish an explanation of how the group spent any payment in respect of quality made to it by the NHS Commissioning Board.

5.3.2. The Group will comply with its general financial duties by:

a) delegating responsibility for them to the Governing Body;

b) discharging them in accordance with a Scheme of Delegation that the Council of Members will adopt, keep under review and update for the Group,

c) monitoring the delivery of the Group's general financial duties through the Group's reporting mechanisms; and

d) ensuring that arrangements are in place to appoint a Chief Financial Officer who shall be responsible to the Accountable Officer for ensuring that the Group, its Members and staff act in accordance with these general financial duties.

5.4. Other Relevant Regulations, Directions and Documents

5.4.1. The Group will

a) comply with all relevant regulations;

b) comply with directions issued by the Secretary of State for Health or the NHS Commissioning Board; and

c) take account, as appropriate, of documents issued by the NHS Commissioning Board.

5.4.2. The Group will develop and implement the necessary systems and processes to comply with these regulations and directions, documenting them as necessary in this constitution, its scheme of reservation and delegation and other relevant Group policies and procedures.

6. DECISION MAKING: THE GOVERNING STRUCTURE

6.1. Authority to act

6.1.1. The Group is accountable for exercising its statutory functions. It may grant authority to act on its behalf to:

a) any of its members;

b) its Governing Body;

c) employees;

d) a committee or sub-committee of the Group.

6.1.2. The extent of the authority to act of the respective bodies and individuals depends on the powers delegated to them by the Group as expressed through:

a) the Group's scheme of reservation and delegation; and

b) for committees, their terms of reference.

6.2. Scheme of Reservation and Delegation

6.2.1. The Group's scheme of reservation and delegation sets out:

a) those decisions that are reserved for the membership as a whole;

b) those decisions that are the responsibilities of its Governing Body (and its committees), the Group's committees and sub-committees, individual members and employees.

6.2.2. The Group remains accountable for all of its functions, including those that it has delegated.

6.3. General

6.3.1. In discharging functions of the Group that have been delegated to them, the Governing Body (and its committees and any sub-committees), any committees, joint committees, and sub committees and individuals must:

a) comply with the Group's principles of good governance,

b) operate in accordance with the Group's scheme of reservation and delegation,

c) comply with the Group's standing orders,

d) comply with the Group's arrangements for discharging its statutory duties,

e) where appropriate, ensure that member practices have had the opportunity to contribute to the Group's decision making process.

6.3.2. When discharging their delegated functions, committees, sub-committees and joint committees must also operate in accordance with their approved terms of reference.

6.3.3. Where delegated responsibilities are being discharged collaboratively, the joint (collaborative) arrangements must:

a) identify the roles and responsibilities of those clinical commissioning groups who are working together;

b) identify any pooled budgets and how these will be managed and reported in annual accounts;

c) specify under which clinical commissioning group's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;

d) specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;

e) identify how disputes will be resolved and the steps required to terminate the working arrangements;

f) specify how decisions are communicated to the collaborative partners.

6.4. Committees of the group

6.4.1. The Group:

a) shall on its establishment appoint a Council of Members; and

b) The Groups Governing Body (acting on behalf of the Group) may establish such other committees including joint committees with other clinical commissioning groups ("CCGs") and/or NHS England and/or other bodies pursuant to the relevant provisions of the 2006 Act provided the Group is satisfied it is reasonable and appropriate for it to do so in accordance with its functions and duties under the 2006 Act. Other bodies include combined authorities and such other bodies as are prescribed under the relevant provisions of the 2006 Act. Further provisions in relation to joint committees are set out in paragraph 6.5 below.

6.4.2. Committees will be able to establish their own sub-committees, to assist them in discharging their respective responsibilities, but only if this power has been delegated to them by the Group or the committee they are accountable to.

6.4.3. **The Council of Members**

a) The Council of Members shall be comprised of the Practice Representatives of the Group.

b) Subject to the provisions of the 2006 Act, the Council of Members shall exercise all those functions of the Group that have not been delegated to the Governing Body under this Constitution or otherwise.

c) The Council of Members shall adopt the terms of reference set out at Appendix H to this Constitution.

6.5. Joint commissioning arrangements with other Clinical Commissioning Groups

6.5.1. The clinical commissioning group (CCG) may wish to work together with other CCGs in the exercise of its commissioning functions.

6.5.2. The CCG may make arrangements with one or more CCG in respect of:

- delegating any of the CCG's commissioning functions to another CCG;
- exercising any of the commissioning functions of another CCG; or
- exercising jointly the commissioning functions of the CCG and another CCG

6.5.3. For the purposes of the arrangements described at paragraph 6.5.2, the CCG may:

- make payments to another CCG;
- receive payments from another CCG;
- make the services of its employees or any other resources available to another CCG; or
- receive the services of the employees or the resources available to another CCG.

6.5.4. Where the CCG makes arrangements which involve all the CCGs exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions.

6.5.5. For the purposes of the arrangements described at paragraph 6.5.2 above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 6.5.3 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

6.5.6. Where the Group makes arrangements with another CCG as described at paragraph 6.5.2 above, the Group shall develop and agree with the relevant body / bodies an agreement setting out the arrangements for joint working, including details of:

- How the parties will work together to carry out their respective commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;

- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- The circumstances in which the parties may withdraw from the arrangements;
- Where a joint committee is not established, the reporting arrangements on the joint working arrangements to the Governing Body and the Council of Members, to include as a minimum an annual report on progress made against objectives;
- Where a joint committee is established, the reporting arrangements as between the joint committee and the Council of Members and the Governing Body, such arrangements to include as a minimum an annual report of the work of the joint committee and public committee meeting minutes being made available to members of the public.

6.5.7. The liability of the CCG to carry out its functions will not be affected where the Group enters into arrangements pursuant to paragraph 6.5.2 above.

6.5.8. Only joint commissioning arrangements that are safe and in the interests of patients registered with member practices will be approved by the Group.

6.5.9. The Group will act in accordance with all requirements issued by NHS England or the Department of Health relevant to these arrangements.

6.5.10. Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year.

6.6. Joint commissioning arrangements with NHS England for the exercise of CCG functions

6.6.1. The CCG may wish to work together with NHS England in the exercise of its commissioning functions.

6.6.2. The CCG and NHS England may make arrangements to exercise any of the CCG's commissioning functions jointly.

6.6.3. The arrangements referred to in paragraph 6.6.2 above may include other CCGs.

6.6.4. Where joint commissioning arrangements pursuant to 6.6.2 above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.

6.6.5. Arrangements made pursuant to 6.6.2 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

6.6.6. Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 6.6.2 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

- How the parties will work together to carry out their commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Model wording for amendments to CCGs' constitutions
- Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- The circumstances in which the parties may withdraw from the arrangements;
- Where a joint committee is not established, the reporting arrangements on the joint working arrangements to the Governing Body and the Council of Members, to include as a minimum an annual report on progress made against objectives;
- Where a joint committee is established, the reporting arrangements as between the joint committee and the Council of Members and the Governing Body, such arrangements to include as a minimum an annual report of the work of the joint committee and public committee meeting minutes being made available to members of the public.

6.6.7. The liability of the CCG to carry out its functions will not be affected where the Group enters into arrangements pursuant to paragraph 6.6.2 above.

6.6.8. The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.

6.6.9. Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.

6.6.10. Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

6.7. Joint commissioning arrangements with NHS England for the exercise of NHS England's functions

6.7.1. The CCG may wish to work with NHS England and, where applicable, other CCGs, to exercise specified NHS England functions.

6.7.2. The CCG may enter into arrangements with NHS England and, where applicable, other CCGs to:

- Exercise such functions as specified by NHS England under delegated arrangements;
- Jointly exercise such functions as specified with NHS England.

6.7.3. Where arrangements are made for the CCG and, where applicable, other CCGs to exercise functions jointly with NHS England a joint committee may be established to exercise the functions in question.

6.7.4. Arrangements made between NHS England and the CCG may be on such terms and conditions (including terms as to payment) as may be agreed between the parties.

6.7.5. For the purposes of the arrangements described at paragraph 6.7.2 above, NHS England and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

6.7.6. Where the CCG enters into arrangements with NHS England as described at paragraph 6.7.2 above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:

- How the parties will work together to carry out their commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including payments towards a pooled fund and management of that fund;
- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

6.7.7. The liability of NHS England to carry out its functions will not be affected where it and the CCG enter into arrangements pursuant to paragraph 6.7.2 above.

6.7.8. The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.

6.7.9. Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.

6.7.10. Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

6.8. The Governing Body

6.8.1. ***Functions*** - the Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in or in this Constitution. The Governing Body functions shall include

a) ensuring that the group has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the groups *principles of good governance* (its main function);

b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the group and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act;

c) producing for approval by the Council of Members, the vision and strategy of the Group;

d) approving commissioning plans subject always to the ability of the Council of Members to reserve to itself the approval of commissioning plans which are at their absolute discretion regarded as major or otherwise of significance to the entire area;

e) monitoring performance against plans; and

f) providing assurance of strategic risk;

The Group may delegate additional functions to the Governing Body, as set out in the scheme of reservation and delegation.

6.8.2. ***Composition of the Governing Body*** - the Governing Body shall not have less than 6 members and comprises of:

a) the chair, who shall be the clinical leader

b) representatives of member practices, one elected by each of the Locality Commissioning Forums as may from time to time be established;

c) the Group's GP lead (for the time being) for the Health and Wellbeing Board;

d) A minimum of two lay members (the CCG has three lay members):

i) one to lead on audit, remuneration and conflict of interest matters,

ii) one to lead on patient and public participation matters;

e) one registered nurse;

f) one secondary care specialist doctor;

g) the Accountable Officer;

h) the Chief Finance Officer;

6.8.3. The Governing Body may co-opt such other persons to attend all or any of its meetings or part of a meeting, in order to assist in its decision making and in its discharge of its functions as it sees fit. Any such person may speak and participate in the debate but may not vote. The LMC is invited to attend as an observer.

6.8.4. ***Committees of the Governing Body*** - the Governing Body shall appoint the following committees and sub-committees:

a) **Primary Care Commissioning Committee -** the Committee, which is accountable to the Group's governing body has been established under delegated authority from NHS England to carry out specified functions relating to the commissioning of primary medical services under section 83 of the 2006 Act as set out in the delegation from NHS England. In performing its role the Committee will exercise the specified functions in accordance with the delegation agreement entered into between NHS England and the Group. The governing body has approved and keeps under review the terms of reference for the Primary Care Commissioning Committee, which includes information on its membership (see Terms of Reference at Appendix I, Page 85).

b) **Audit Committee** – the audit committee, which is accountable to the Group's Governing Body, provides the Governing Body with an independent and objective view of the Group's financial systems, financial information and compliance with laws, regulations and directions governing the group in so far as they relate to finance. The Governing Body has approved and keeps under review the terms of reference for the audit committee, which includes information on the membership of the audit committee (see Terms of Reference at Appendix J, Page 95).

In addition the group or the governing body has conferred or delegated the following functions, connected with the governing body's main function, to its audit committee:

i) Responsibility for integrated governance.

c) **Remuneration Committee** – the remuneration committee, which is accountable to the Group's Governing Body makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the Group and on determinations about allowances under any pension scheme that the Group may establish as an alternative to the NHS pension scheme. The Governing Body has approved and keeps under review the terms of reference for the remuneration committee, which includes information on the membership of the remuneration committee. (see Terms of Reference at Appendix K, Page 102).

Where relevant, and only where its powers permit, the Remuneration Committee will act as a 'Nomination Committee' as defined within the UK Corporate Governance Code.

d) **Locality Commissioning Forums –** each committee shall represent a defined locality from time to time approved by the Council of Members. For the avoidance of doubt, Locality Commissioning Forums are committees of the Governing Body which may at any time be established, disestablished or merged. Each Locality Commissioning Forum is accountable to the Governing Body and its role is as follows:

i) To enable and develop practice engagement in clinical commissioning and the work of the Clinical Commissioning Group
.

ii) To ensure that the services commissioned for the locality are responsive to the needs of the Locality.

iii) To undertake and act on delegated responsibilities from the Governing Body as required

The Governing Body shall approve and keeps under review the terms of reference for each of the Locality Committees, which includes information on the membership of each of the Locality Committees.

7. ROLES AND RESPONSIBILITIES

7.1. Practice Representatives

7.1.1. Each member of the Group shall appoint a Practice Representative and shall notify the Chair of the Governing Body in writing of the name of its Practice Representative.

7.1.2. Practice Representatives represent their practice's views and act on behalf of the practice in matters relating to the Group. The role of each Practice Representative is to:

a) represent their practice on the Council of Members;

b) act on behalf of their practice in the dealings between it and the Group

c) discharge that role in accordance with Regulations made under sections 89 or 94 of the 2006 Act or otherwise in accordance with Directions made under the powers of the Secretary of State or others under the Act

7.2. All Members of the Group's Governing Body

Guidance on the roles of members of the Group's Governing Body is set out in the NHS Commissioning Board guidance *Clinical commissioning group governing body members: Role outlines, attributes and skills* (October 2012).

7.3. The Chair of the Governing Body

7.3.1. The Chair of the Governing Body is responsible for:

a) leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this Constitution;

b) building and developing the Group's Governing Body and its individual members;

c) ensuring that the Group has proper constitutional and governance arrangements in place;

d) ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;

e) supporting the Accountable Officer in discharging the responsibilities of the organisation;

f) contributing to building a shared vision of the aims, values and culture of the organisation;

g) leading and influencing to achieve clinical and organisational change to enable the Group to deliver its commissioning responsibilities;

h) overseeing governance and particularly ensuring that the Governing Body and the wider Group behaves with the utmost transparency and responsiveness at all times;

i) ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met;

j) ensuring that the organisation is able to account to its local residents,, stakeholders and the NHS Commissioning Board;

k) ensuring that the Group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority.

7.3.2. Where the chair of the governing body is also the senior clinical voice of the group they will take the lead in interactions with stakeholders, including the NHS Commissioning Board.

7.4. The Deputy Chair of the Governing Body

The Deputy Chair of the Governing Body deputises for the Chair of the Governing Body where he or she has a conflict of interest or is otherwise unable to act.

7.5. Role of the Accountable Officer

7.5.1. The Accountable Officer of the group is a member of the Governing Body.

7.5.2. This role of Accountable Officer has been summarised in the NHS Commissioning Board guidance *Clinical commissioning group governing body members: Role outlines, attributes and skills* (October 2012) as:

a) being responsible for ensuring that the Group fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;

b) at all times ensuring that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the Audit Commission and the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems.

c) working closely with the Chair of the Governing Body, the Accountable Officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the Governing Body) of the organisation's ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing developments of its members and staff.

7.5.3. In addition to the Accountable Officer's general duties, where the Accountable Officer is also the senior clinical voice of the group they will take the lead in interactions with stakeholders, including the NHS Commissioning Board.

7.6. Role of the Chief Finance Officer

7.6.1. The Chief Finance Officer is a member of the Governing Body and is responsible for providing financial advice to the clinical commissioning group and for supervising financial control and accounting systems

7.6.2. This role of Chief Finance Officer has been summarised in the NHS Commissioning Board guidance *Clinical commissioning group governing body members: Role outlines, attributes and skills* (October 2012) as:

a) being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged;

b) making appropriate arrangements to support and monitor the Group's finances;

c) overseeing robust audit and governance arrangements leading to propriety in the use of the Group's resources;

d) being able to advise the Governing Body on the effective, efficient and economic use of the group's allocation to remain within that allocation and deliver required financial targets and duties; and

e) producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to the NHS Commissioning Board;

7.7. Role of Registered Nurse

7.7.1. The Registered Nurse on the Governing Body will bring a broader view, from their perspective as a registered nurse, on health and care issues to underpin the work of the CCG, especially the contribution of nursing to patient care.

7.7.2. This role of registered nurse has been summarised in the NHS Commissioning Board guidance *Clinical commissioning group governing body members: Role outlines, attributes and skills (October 2012)* as:

a) Being a registered nurse who has developed a high level of professional expertise and knowledge;

b) Being competent, confident and willing to give an independent strategic clinical view on all aspects of CCG business;

c) Being highly regarded as a clinical leader, probably across more than one clinical discipline and / or specialty – demonstrably able to think beyond their own professional viewpoint;

d) Taking a balanced view of the clinical and management agenda and drawing on their specialist skills and knowledge to add value;

e) Utilising evidence based methodology to bring detailed insights from a nursing perspective into discussions regarding service re-design, clinical pathway development and system reform; and

f) Being able to contribute a generic view from the perspective of a registered nurse whilst putting aside specific issues relating to their own clinical practice or employing organisations circumstances.

7.8. Role of Secondary Care Doctor

7.8.1. This clinical member of the Governing Body will bring a broader view on health and care issues to underpin the work of the CCG. In particular, they will bring to the Governing Body an understanding of patient care in the secondary care setting.

7.8.2. The secondary care doctor must be a consultant, either currently employed or in employment at some time in the period of 10 years ending with the date of the individuals appointment to the governing body.

7.8.3. The role of the secondary care doctor has been summarised in the NHS Commissioning Board guidance *Clinical commissioning group governing body members: Role outlines, attributes and skills (October 2012)* as:

a) Bringing a high level of understanding of how care is delivered in a secondary care setting;

b) Being competent, confident and willing to give an independent strategic clinical view on all aspects of CCG business;

c) Being highly regarded as a clinical leader, preferably with experience working as a leader across more than one clinical discipline and/or specialty with a track record of collaborative working;

d) Having the ability to take a balanced view of the clinical and management agenda, and draw on their in depth understanding of secondary care to add value

e) Being able to contribute a generic view from the perspective of a secondary care doctor whilst putting aside specific issues relating to their own clinical practice or their employing organisation‘s circumstances; and

f) Being able to provide an understanding of how secondary care providers work within the health system to bring appropriate insight to discussions

regarding service redesign, clinical pathways, policy formation and health system reform.

7.9. Role of Lay Member with a Lead Role in Overseeing Governance

7.9.1. The role of the Lay Member with a lead role in overseeing governance is to bring specific expertise and experience to the work of the governing body and to ensure that the governing body and the wider CCG behaves with the utmost probity at all times. Their focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation.

7.9.2. Good practice would also suggest that this person would also have a specific role in ensuring that appropriate and effective whistle blowing and anti-fraud systems are in place.

7.9.3. *The National Health Service (Clinical Commissioning Groups) Regulations 2012* require that the appointed individual must have qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters.

7.9.4. The role of the lay member with a lead role in overseeing governance has been summarised in the NHS Commissioning Board guidance *Clinical commissioning group governing body members: Role outlines, attributes and skills (October 2012)* as:

a) Having the skills, knowledge and experience to assess and confirm that appropriate systems of internal control and assurance are in place for all aspects of governance, including financial and risk management;

b) Possessing an understanding of the role of audit in wider accountability frameworks;

c) Having an understanding of the resource allocations devolved to NHS bodies and a general knowledge of the accounting regime within which a CCG operates;

d) They will be the designated CCG Conflict of Interest Guardian offering an independent view on possible internal conflicts of interest; and

e) Having recent and relevant financial and audit experience is essential – sufficient to enable them to competently engage with financial management and reporting in the organisation and associated assurances.

7.10. Role of Lay Member with a Lead Role in Championing Patient and Public Involvement

7.10.1. The Lay member with a lead role in championing patient and public involvement is a member of the Governing Body and is responsible for providing an independent strategic and impartial view of the work of the CCG.

7.10.2. The role is to express informed views about the discharge of the CCG's functions, and in particular to ensure that in all aspects of the CCG's business, the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment.

7.10.3. The role is further summarised in the NHS Commissioning Board guidance *Clinical commissioning group governing body members: Role outlines, attributes and skills (October 2012)* as:

a) Ensuring that public and patients' views are heard and their expectations understood and met as appropriate;

b) Ensuring the CCG builds and maintains an effective relationship with Local Healthwatch and draws on existing patient and public engagement and involvement expertise; and

c) Ensures that the CCG has appropriate arrangements in place to secure public and patient involvement and responds in an effective and timely way to feedback and recommendations from patients, carers and public.

7.11. GP or other Healthcare Professionals acting on behalf of Member Practices

7.11.1. The role of GP acting on behalf of member practices has been summarised in the NHS Commissioning Board guidance *Clinical commissioning group governing body members: Role outlines, attributes and skills* (October 2012).

7.11.2. As well as sharing responsibility with the other members for all aspects of the CCG governing body business, the individuals acting on behalf of member practices will bring the unique understanding of those member practices to the discussion and decision making of the governing body as their particular contribution. In addition, in undertaking the role GP's should:

a) have the confidence of the member practices in the CCG, demonstrating an understanding of all of the member practices, of the issues they face and what is important to them;

b) be competent, confident and willing to give an unbiased strategic clinical view on all aspects of CCG business;

c) be highly regarded as a clinical leader, beyond the boundaries of a single practice or profession – demonstrably able to think beyond their own professional viewpoint;

d) have an in-depth understanding of a specific locality(ies) if the CCG has decided to operate in this way;

e) be able to take a balanced view of the clinical and management agenda and draw on their specialist skills to add value; and

f) be able to contribute a generic view from the perspective of a member practice in the CCG, whilst putting aside specific issues relating to their own practice circumstances.

7.12. Joint Appointments with other Organisations

7.12.1. The Group may make such joint appointments with other organisations as it considers appropriate.

7.12.2. Joint Appointments shall be supported by a memorandum of understanding between the organisations who are party to them.

8. STANDARDS OF BUSINESS CONDUCT, MANAGING CONFLICTS OF INTEREST AND DUTY OF CONFIDENTIALITY

8.1. Standards of Business Conduct

8.1.1. Employees, members, committee and sub-committee members of the Group and members of the Governing Body (and its committees) will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the Group and should follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles). The Nolan Principles are incorporated into this constitution at Appendix F.

8.1.2. They must comply with the Group's policy on standards of business conduct and declaration of interest, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the Group's website at http://www.eastridingofyorkshireccg.nhs.uk/and will be made available on request.

8.1.3. Individuals contracted to work on behalf of the Group or otherwise providing services or facilities to the Group will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the Group's Standards of Business Conduct and Declaration of Interest policy.

8.2. Conflicts of Interest

8.2.1. As required by section 14O of the 2006 Act, as inserted by section 25 of the 2012 Act, the Clinical Commissioning Group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the Group will be taken and seen to be taken without any possibility of the influence of external or private interest.

8.2.2. Where an individual, i.e. an employee, member of the CCG's Governing Body, member of its committee or sub-committee Group Member i.e. GP partners (or where the practice is a company, each director) and any individual directly involved with the business or decision-making of the CCG, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the Group considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution and the Standards of Business Conduct and Conflicts of Interest policy.

8.2.3. If in doubt, the individual concerned should assume that a potential conflict of interest exists.

8.3. Declaring and Registering Interests

8.3.1. The Group will maintain one or more registers of the interests of those individuals listed in the CCG'S Standards of Business Conduct and Conflicts of Interest Policy.

8.3.2. As a minimum, CCGs should publish the registers of Conflicts of interest and gifts and hospitality of decision making staff at least annually in a prominent place on the Group's website at www. ccg.nhs.uk/ and make them available at their headquarters upon request.

8.3.3. Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the Group, in writing to the Governing Body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.

8.3.4. All persons referred to in paragraph 45 of the Managing conflicts of interest: revised statutory guidance for CCG's must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include interests an individual is pursuing.

8.3.5. The CCG ensures that, as a matter of course, declarations of interest are made and confirmed or updated at least annually. All persons required to, must declare any interests as soon as reasonable practicable and by law within 28 days after the interest arises.

8.3.6. Interests (including gifts and hospitality) of decision making staff should remain on the public register for a minimum of six months. In addition the CCG must retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of 6 years after the date on which it expired. The CCG's published register of interests should state that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to submit a request for this information.

8.4. Managing Conflicts of Interest: general

8.4.1. Individual members of the Governing Body, committees or sub-committees, the committees or sub-committees of its Governing Body, Group Member i.e. GP partners (or where the practice is a company, each director) and any individual directly involved with the business or decision-making of the CCG, and employees will comply with the arrangements determined by the Group for managing conflicts or potential conflicts of interest.

8.4.2. The Accountable Officer will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the Group's decision making processes.

8.4.3. The CCG manages conflicts of interest of members, employees and contractors in line with statutory guidance, as outlined in its Standards of Business Conduct

and Conflicts of Interest Policy available on its website http://www.eastridingofyorkshireccg.nhs.uk/ .

8.5. Transparency in Procuring Services

8.5.1. The Group recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. The Group will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.

8.5.2. The Group will publish a Procurement Strategy approved by its Governing Body which will ensure that:

8.5.3. All relevant clinicians (not just members of the Group) and potential providers, together with local members of the public are engaged in the decision-making processes used to procure services.

8.5.4. Service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.

8.5.5. Copies of this Procurement Strategy will be available on the Group's website at http://www.eastridingofyorkshireccg.nhs.uk/ will be made available on request.

9. THE GROUP AS EMPLOYER

9.1. The Group recognises that its most valuable asset is its people. It will seek to enhance their skills and experience and is committed to their development in all ways relevant to the work of the Group.

9.2. The Group will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity. It will ensure that its employment practices are designed to promote diversity and to treat all individuals equally.

9.3. The Group will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by the Group. All staff will be made aware of this Constitution, the commissioning strategy and the relevant internal management and control systems which relate to their field of work.

9.4. The Group will maintain and publish policies and procedures (as appropriate) on the recruitment and remuneration of staff to ensure it can recruit, retain and develop staff of an appropriate calibre. The Group will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters

9.5. The Group will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.

9.6. The Group will ensure that employees' behaviour reflects the values, aims and principles set out above.

9.7. The Group will ensure that it complies with all aspects of employment law.

9.8. The Group will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.

9.9. The Group will adopt a Code of Conduct for staff and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff have means through which their concerns can be voiced.

9.10. Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the Group’s website.

10. TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1. General

10.1.1. The Group will publish annually a commissioning plan and an annual report, presenting the Group's annual report to a public meeting.

10.1.2. Key communications issued by the Group, including the notices of procurements, public consultations, Governing Body meeting dates, times, venues, and certain papers will be published on the Group's website.

10.1.3. The Group may use other means of communication, including circulating information by post, or making information available in venues or services accessible to the public.

10.2. Standing Orders

10.2.1. This Constitution is also informed by a number of documents which provide further details on how the Group will operate. They are the Group's:

a) ***Standing orders (Appendix C)*** – which sets out the arrangements for meetings and the appointment processes to elect the Group's representatives and appoint to the Group's committees, including the Governing Body;

b) ***Scheme of reservation and delegation (Appendix D)*** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the Group's Governing Body, the Governing Body's committees and sub-committees, the Group's committees and sub-committees, individual members and employees;

c) ***Prime financial policies (Appendix E)*** – which sets out the arrangements for managing the Group's financial affairs.

APPENDIX A
DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)

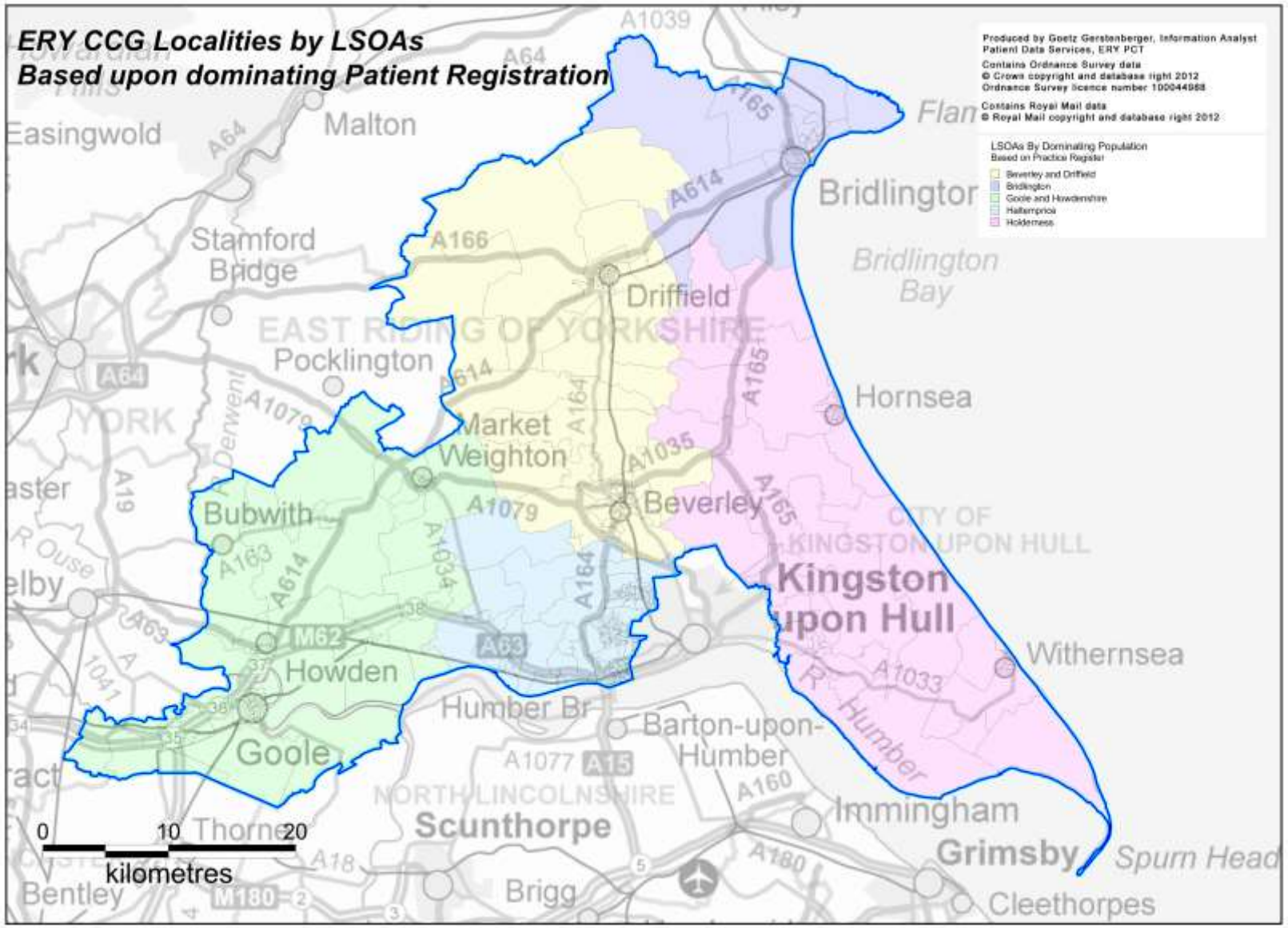
Accountable Officer	an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, with responsibility for ensuring the Group:
	• complies with its obligations under:
	  ○ sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act),
	  ○ sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act),
	  ○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and
	  ○ any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose;
	• exercises its functions in a way which provides good value for money.

AGM	means the annual general meeting of the Council of Members.
Area	the geographical area that the Group has responsibility for, as defined in Appendix B1 of this constitution
Business Day	a day other than a Saturday, a Sunday or any bank holiday applicable in England;
Chair of the Governing Body	the individual appointed by the Group to act as chair of the Governing Body
Chief Finance Officer	the qualified accountant employed by the Group with responsibility for financial strategy, financial management and financial governance
Clinical commissioning group	a body corporate established by the NHS Commissioning Board in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Committee	a committee or sub-committee created and appointed by: • the membership of the Group • a committee / sub-committee created by a committee created / appointed by the membership of the Group • a committee / sub-committee created / appointed by the Governing Body
Council of Members	a committee of the Group comprised of the Practice Representatives to exercise those functions set out in this Constitution;

Financial year	this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a clinical commissioning group is established until the following 31 March
General Meeting	any meeting of the Council of Members, including its AGM;
Group	NHS East Riding of Yorkshire Clinical Commissioning Group, whose constitution this is
Governing Body	the body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a clinical commissioning group has made appropriate arrangements for ensuring that it complies with: • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and • such generally accepted principles of good governance as are relevant to it.
Governing Body member	any member appointed to the Governing Body of the Group
Lay member	a lay member of the Governing Body, appointed by the Group. A lay member is an individual who is not a member of the Group or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations
Member	a provider of primary medical services to a registered patient list, who is a member of this Group (see Appendix B2)
Practice Representatives	healthcare professional of a practice (who is a member of the Group) to act on its behalf in the dealings between it and the Group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)
Registers of interests	registers a Group is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: • the members of the Group; • the members of its Governing Body; • the members of its committees or sub-committees and committees or sub-committees of its Governing Body; and • its employees.
Special Resolution	A resolution passed by at least 75% of the members of the Council of Members

APPENDIX B1 – GEOGRAPHICAL AREA COVERED BY THE GROUP

1. The geographical area covered by the Group is shown on the map below.


ERY CCG Localities by LSOAs
Based upon dominating Patient Registration
Produced by Goetz Gerstenberger, Information Analyst
Patient Data Services, ERY PCT
Contains Ordnance Survey data
© Crown copyright and database right 2012
Ordnance Survey licence number 100044988
Contains Royal Mail data
© Royal Mail copyright and database right 2012
LSOAs By Dominating Population
Based on Practice Register
Beverley and Driffield
Bridlington
Goole and Howdenshire
Hallamprice
Holderness
Malton
Easingwold
Stamford Bridge
Pocklington
Driffield
Bridlington
Bridlington Bay
Hornsea
Market Weighton
Beverley
Bubwith
Howden
Goole
Kingston upon Hull
Withernsea
Barton-upon-Humber
Immingham
Grimsby
Cleethorpes
Spurn Head
Scunthorpe
Brigg
Thorne
Bentley
0
10
20
kilometres

APPENDIX B2 - LIST OF MEMBER PRACTICES (INCLUDING LOCALITY)

As set out in paragraph 3.1.1 of this Constitution 'The practices listed at Appendix B2 to this constitution comprise the members of NHS East Riding of Yorkshire Clinical Commissioning Group'.

Practice Name	Address	Locality
Anlaby Surgery	Haltemprice Leisure Centre, Springfield Way, Anlaby HU10 6QJ	CHERY LCF
Bartholomew Medical Group	Goole Health Centre, Woodland Avenue, Goole DN14 6RU	Goole, Howdenshire, West Wolds and West Haltemprice LCF
The Beverley Group Practice	30 Lockwood Road, Beverley HU17 9GQ	CHERY LCF
The Beverley Health Centre	Manor Road, Beverley HU17 7BZ	CHERY LCF
The Chestnuts Surgery	45 Thwaite Street, Cottingham HU16 4QX	CHERY LCF
Church View Surgery	Market Hill, Hedon HU12 8JE	Holderness LCF
Cottingham Medical Centre	17-19 South Street, Cottingham HU16 4AJ	CHERY LCF
Eastgate Medical Group	37 Eastgate, Hornsea HU18 1LP	Holderness LCF
Field House Surgery	18 Victoria Road, Bridlington YO15 2AT	Bridlington LCF
Greengates Medical Group	117-119 Walkergate, Beverley HU17 9BP	CHERY LCF
The Hallgate Surgery	123 Hallgate, Cottingham HU16 4DA	CHERY LCF
The Health Centre	Thornton Dam Lane, Gilberdyke HU15 2UL	Goole, Howdenshire, West Wolds and West Haltemprice LCF
The Hedon Group Practice	Market Hill House, Hedon HU12 8JD	Holderness LCF
The Hessle Grange Medical Practice	11 Hull Road, Hessle HU13 9LZ	Goole, Howdenshire, West Wolds and West Haltemprice LCF
Peeler House Surgery	1 Ferriby Road, Hessle HU13 0RG	Goole, Howdenshire, West Wolds and West Haltemprice LCF
Leven & Beeford Medical Practice	29 High Stile, Leven HU17 5NL	Holderness LCF
Manor House Surgery	Providence Place, Bridlington YO15 2QW	Bridlington LCF
Market Weighton Group Practice	Medforth Street, Market Weighton YO43 3FF	Goole, Howdenshire, West Wolds and West

		Haltemprice LCF
The Medical Centre	Cranwell Road, Driffield YO25 6UH	CHERY LCF
The Medical Centre	Pinfold Street, Howden DN14 7DD	Goole, Howdenshire, West Wolds and West Haltemprice LCF
The Mitchell Practice	The Surgery, 15 School Lane, North Ferriby HU14 3DB	CHERY LCF
Montague Medical Practice	Fifth Avenue, Goole DN14 6JD	Goole, Howdenshire, West Wolds and West Haltemprice LCF
North Beverley Medical Centre	Pighill Lane, Off Woodhall Way, Beverley HU17 7JY	CHERY LCF
The Old Fire Station Surgery	Albert Terrace, Beverley HU17 8JW	CHERY LCF
The Ridings Medical Group	4 Centurion Way, Welton Road, Brough HU15 1AY	Goole, Howdenshire, West Wolds and West Haltemprice LCF
The Park Surgery	6 Eastgate North, Driffield YO25 6EB	CHERY LCF
Park View Surgery	87 Beverley Road, Hessle HU13 9AJ	Goole, Howdenshire, West Wolds and West Haltemprice LCF
Practice One, The Medical Centre	Station Avenue, Bridlington YO16 4LZ	Bridlington LCF
Practice 2, The Medical Centre	Station Avenue, Bridlington YO16 4LZ	Bridlington LCF
Practice 3, The Medical Centre	Station Avenue, Bridlington YO16 4LZ	Bridlington LCF
The Snaith & Rawcliffe Medical Group	The Marshes, Butt Lane, Snaith DN14 9DY	Goole, Howdenshire, West Wolds and West Haltemprice LCF
South Holderness Medical Practice	St Nicholas Surgery, Queen Street, Withernsea HU19 2PZ	Holderness LCF
Willerby & Swanland Surgery	45 Main Street, Willerby, Hull HU10 6BP	CHERY LCF
Wolds View Primary Care Centre	Entrance A, Bridlington Hospital, Bessingby Road, Bridlington YO16 4QP	Bridlington LCF

APPENDIX C – STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

1.1. Introduction

1.1.1. These standing orders have been drawn up to regulate the proceedings of the NHS East Riding of Yorkshire Clinical Commissioning Group so that the Group can fulfil its obligations, as set out in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the Group is established.

1.1.2. The standing orders, together with the Group's scheme of reservation and delegation and the Group's prime financial policies, provide a procedural framework within which the Group discharges its business. They set out:

a) the arrangements for conducting the business of the Group;

b) the appointment of member Practice Representatives;

c) the procedure to be followed at meetings of the Group, the Governing Body and any committees or sub-committees of the Group or the Governing Body;

d) the delegation of powers,

e) the declaration of interests and standards of conduct.

These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate of any relevant guidance.

1.1.3. The standing orders, scheme of reservation and delegation and prime financial policies have effect as if incorporated into the Group's Constitution. Group members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the Group's committees and sub-committees and persons working on behalf of the Group should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the standing orders, scheme of reservation and delegation and prime financial policies may be regarded as a disciplinary matter that could result in dismissal.

1.2. Schedule of matters reserved to the clinical commissioning group and the scheme of reservation and delegation

The 2006 Act (as amended by the 2012 Act) gives the Group powers to delegate its functions and those of the Governing Body to certain bodies (such as committees) and certain persons. The Group has decided that certain

decisions may only be exercised by the Council of Members, on behalf of the Group, in formal session. These decisions and also those delegated are contained in the Group's scheme of reservation and delegation (see Appendix D).

2. MEMBERS OF THE GROUP'S GOVERNING BODY

2.1. Eligibility

The Constitution, including these Standing Orders, sets out the eligibility for membership, qualification and disqualification process.

2.2. Chair

The Chair shall be responsible for the operation of the Governing Body and chair all Governing Body meetings when present. The Chair must comply with the terms of appointment and with these Standing Orders.

The Chair will be responsible either directly or indirectly for the induction, the portfolios of interests and assignments, and performance of other members of the Group Governing Body.

The Chair shall work closely with the Accountable Officer and shall ensure that key and appropriate issues are discussed by the Governing Body in a timely manner with all the necessary information and advice being made available to the Governing Body to inform the debate and ultimate resolutions.

The Chair will be appointed by the Group's Governing Body from one of its eligible number.

2.3. Vice Chair

The Vice Chair will be a lay member. They will take the Chair's role for discussions and decisions involving conflict of interest for the Chair or in the Chair's absence.

2.4. Roles and responsibilities of other members are detailed in the Group's Constitution.

2.5. Tenure of Members of the Governing Body

2.5.1 At each AGM after 31 March 2016**,** one third of those members (the "Appointees") of the Governing Body who are not members of the Governing Body by virtue of: Their employment in the role of Accountable Officer, Chief Finance Officer or the Registered Nurse member with the Group; the Appointees shall retire from office or, if their number is not divisible by three, the number nearest to one third (rounding down) shall retire from office.

2.5.2 The Appointees to retire by rotation shall be those who have been longest in office since their last appointment or reappointment, but as between persons who became or were last reappointed members of the Governing Body on the same day, those to retire shall (unless they otherwise agree among themselves) be determined by lot. Special provision is made in respect of the roles of Secondary Care Doctor (Paragraph 2.5.6) and the Health and Wellbeing Board member (Paragraph 2.5.7).

2.5.3 Subject to Paragraph 2.5.5 below, if the Group, at the meeting at which an Appointee retires by rotation, does not fill the vacancy, the retiring Appointee shall, if willing to act, be deemed to have been reappointed unless at the meeting it is resolved not to fill the vacancy or unless a resolution for the reappointment of the relevant Appointee is put to the meeting and lost.

2.5.4 Subject to Paragraph 2.5.5 below, an Appointee who retires at an AGM, if willing to act, is eligible for re-election.

2.5.5 The members of the Governing Body who are members by virtue of their employment in the role of Accountable Officer, Chief Finance Officer, or the Registered Nurse Member with the Group shall remain in post for so long as their employment with the Group in that role continues.

2.5.6 The role of Secondary Care Doctor will be reviewed in accordance with business needs at the end of every three year term. The existing post holder will be able to agree a second term of office without market review if they have met their objectives (local and statutory). At the end of 2 terms in office the post will be required to be advertised for interest. Special consideration may be applied where the suitability of the individual is such that the organisation would benefit from a further term.

2.5.7 The GP nominated to represent the Group on the Health and Wellbeing Board shall be elected through an election process across all localities and all CCG GP members every three years with the first election process beginning after the AGM held after 31st March 2016. This individual will remain a member of the Governing Body as long as they are so appointed. At the end of a 3 year term the role will be reviewed and changes made in accordance with the business needs of the organisation. The existing post holder will be able to agree a second term of office without market review if they have met their objectives (local and statutory). At the end of two terms in office the post will be required to be advertised for interest. The office holder will be able to re-apply.

2.5.8 Methods of Election of Governing Body Members:

a) The Members shall, by Special Resolution at a meeting of the Council of Members, be entitled to approve the Governing Body Members and to remove and replace any of those Governing Body Members at any time and from time to time.

b) A Governing Body Member shall be elected from each of the localities from time to time; their appointment to the Governing Body must then be

approved by the Council of Members. Any other vacancy on the Governing Body which falls to be nominated is also required to have Council of Member approval.

c) Locality lead GPs will be elected as follows:

- Self nomination (GP leads will be required to be willing to work towards set competencies in line with national guidance including RCGP guidance required for the post);

- Be seconded by another eligible GP in the locality; and

- If more nominations than vacancies are received an election process will be agreed and followed by the Council of Members.

d) The Group recognises that some GPs may meet the eligibility requirements for membership of the Governing Body but may not meet the competencies referred to above. Any GP who is able, by means of a time limited Personal Development Plan, to demonstrate that they have the ability and the will to work towards meeting the specified competences within the following twelve months, shall be eligible to be nominated to serve on the Governing Body.

e) All GPs, irrespective of contractual or employment status will have an equal opportunity for involvement in the CCG. Elections for Governing Body Members will be conducted for each locality on the basis of one Practice, one vote, and all GPs will be eligible to stand for Governing Body positions. For the avoidance of doubt any candidate for election may be, but not need be, a Member Representative.

2.5.9 A vacancy does not invalidate any proceedings except where a quorum cannot be formed. In such circumstances a meeting must be called with the sole purpose of filling the vacancies.

2.5.10 Subject to the provisions of clause 2.5.7 a member of the Governing Body shall cease to be a member as soon as he / she:

a. Is removed by the Members in accordance with clause 2.5.7;

b. If a sole practitioner, ceases to be a Member;

c. If a shareholder, officer or employee of a Member, ceases to hold any shares in or remain engaged as an officer or employee of that Member (as applicable) or if the relevant Member ceases to be a Member;

d. That person resigns as a Member of the Governing Body, and such resignation has taken effect in accordance with its terms;

e. Dies or is declared bankrupt or enters into any insolvency arrangement with his creditors;

f. Where that person is a GP they cease to be included on the performers list of the PCT or, as the case may be, the NHS Commissioning Board, other than in the event of a contingent removal;

g. Where that person is a GP they are contingently removed from the relevant performers list and the Governing Body in its absolute discretion determines that the conditions placed on the Member would prevent or inhibit his ability to fulfil effectively their functions as a Member;

h. Where that person is a GP they are suspended from the relevant performers list but only during the period of such suspension;

i Where that person is a GP these cease to be registered as a medical practitioner.

j Where that person is a GP and ceases to have the confidence of the GPs in their locality. In order to invoke this clause the locality must serve the Chair of the Governing Body with a notice requesting a by-election and outlining the nature of their discontent signed by not less than two thirds of the practices within that locality.

2.5.10 Where a Member is removed from the Governing Body in accordance with clause 2.5.9(a) but in no other circumstances, that Member will have the right to appeal within 14 days of the date of the Resolution. An Appeals Panel, including the Lay Chair of the Audit Committee, one other member of the Audit Committee and a GP practicing outside the area of the CCG and nominated by the LMC will be convened within 14 days of the receipt of the Appeal. The decision of the Appeals Panel shall be final.

2.6. Disputes with member practices

2.6.1. The Group will agree a local dispute resolution process, supported by a decision making panel. The process will set out how to raise a dispute, the right of appeal and the escalation to the NHS Commissioning Board.

3. MEETINGS OF THE GOVERNING BODY

3.1. Meetings

3.1.1. The Governing Body will meet at least four times per year in public at regular intervals.

3.1.2. The Chair of the Governing Body may call a meeting of the Governing Body at any time.

3.1.3. One-third or more members of the Governing Body may requisition a meeting by putting their request in writing to the Chair. The Chair shall call a meeting by giving written notice of such meeting within 5 Business Days of the request.

3.2. Notice of Meetings and the Business to be transacted

3.2.1. Before each meeting of the Governing Body, a written notice shall be sent to every member of the Governing Body specifying:

a) its proposed date and time which must be at least 14 days after the date of the notice except where a meeting to discuss an urgent issue is required (in which case as much notice as reasonably practicable in the circumstances should be given);

b) where it is to take place; and

c) the business proposed to be transacted.

3.2.2. No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 3.11 and 3.3.5.

3.2.3. Before each public meeting of the Governing Body a notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Group's website at least three (3) clear days before the meeting.

3.3. Agenda and Supporting Papers

3.3.1. The Chair of the Governing Body will draw up the agenda with the Accountable Officer.

3.3.2. The Governing Body may determine that, at its meetings, certain matters shall appear on every agenda and shall be addressed prior to any other business being conducted.

3.3.3. A member of the Governing Body or a Member Representative desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least fifteen (15) clear days before the meeting. Requests made less than fifteen (15) days before a meeting may be included on the agenda at the discretion of the Chair.

3.3.4. The Agenda will be sent to the members of the Governing Body and the Member Representatives six (6) days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be despatched no later than three clear days before the meeting, save in emergency.

3.3.5. Subject to the agreement of the Chair, a member of the Governing Body may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the

Governing Body at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision to include the item shall be final.

3.4. Petitions

3.4.1. Where a petition has been received by the Group the Chair shall include the petition as an item for the agenda of the next meeting of the Governing Body.

3.5. Chair of meeting

3.5.1. At any meeting of the Governing Body the Chair, if present, shall preside. If the Chair is absent from the meeting, the Deputy Chair if present, shall preside.

3.5.2. If the Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside. If both are absent, a member chosen by the members present, or by a majority of them, shall preside.

3.6. Chair's ruling

3.6.1. The decision of the Chair of the meeting on questions of order, relevancy and regularity and their interpretation of the Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies at the meeting, shall be final.

3.7 Quorum

3.7.1 **Meetings of the Governing Body**

The quorum for the Governing Body shall be five members, including the Chair or the Vice Chair, at least three representatives of member practices and either the Accountable Officer or the Chief Financial Officer. When circumstances arise as in 2.5.8 of Standing Orders and Section 8 of the Constitution a quorum shall be deemed to be at least 2 Lay members and 3 other voting members.

3.8 Decision making – all member practices

3.8.1 Commissioning decision making is delegated to the Governing Body as set out in the Scheme of Reservation and Delegation.

3.8.2 Matters reserved to the Group will be decided at a meeting of the Council of Members.

3.9 Decision making – Governing Body

3.9.1 The decision making arrangements are set out in these Standing Orders.

3.9.2 Only members of the Governing Body will be permitted to vote at meetings of the Governing Body. In the event of a tied vote the Chair or other person chairing the meeting will hold a second and casting vote.

3.10 Disagreement with a decision

In exceptional circumstances, there may be disagreement within the membership of the Governing Body about a decision that has been made. In such circumstances those members taking a dissenting view may have their dissent recorded in the minutes.

3.11 Emergency powers and urgent decisions

The functions delegated to the Governing Body may in emergency or for an urgent decision be exercised by the Accountable Officer and the Chair of the Governing Body after having consulted at least two other members of the Governing Body. The exercise of such powers by the Accountable Officer and the Chair of the Governing Body shall be reported to the next formal meeting of the Governing Body in public session for formal ratification.

3.12 Suspension of Standing Orders

3.12.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the provisions of these Standing Orders relating to the quorum or the NHS Commissioning Board, any part of these standing orders may be suspended at any meeting of the Governing Body, provided one third of the Governing Body members present are in agreement.

3.12.2 A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the Governing Body meeting.

3.12.3 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Audit Committee for review of the reasonableness of the decision to suspend Standing Orders.

3.13 Application for variation and amendment of Standing Orders

3.13.1 This Constitution can only be varied in two circumstances:

a) where the Group formally applies to the NHS Commissioning Board and that application is granted;

b) where in the circumstances set out in legislation the NHS Commissioning Board varies the Group's constitution other than on application by the Group.

3.13.2 Any variation of the Constitution will be communicated to all members via the Group website with two weeks' notice.

3.13.3 Standing Orders will be reviewed as and when the Governing Body deem it necessary.

3.14 Record of Attendance

The names of all members present at the meeting shall be recorded in the minutes of the meeting.

3.15 Minutes

The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next meeting where they shall be signed by the person presiding at it as a true record.

No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate.

Minutes shall be made available to members and the public via the Group website

3.16 Admission of the public and press

3.16.1 Admission and exclusion on grounds of confidentiality of business to be transacted

All meetings of the Governing Body will be open to the membership of the Group.

The Group will agree and publicise criteria for the exclusion of business from the public part of any meeting.

The public and representatives of the press may attend all meetings of the Governing Body held in public, and should only be required to withdraw from these meetings where any information being shared is exempt from publication under the agreed criteria.

The public and representatives of the press shall be required to withdraw upon a resolution as follows:

'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest',

3.16.2 Business proposed to be transacted when the press and public have been excluded from a meeting

Matters to be dealt with by the Governing Body following the exclusion of representatives of the press, and other members of the public, as provided above, shall be confidential to the members of the Governing Body.

The Governing Body may invite any Member present who is not a member of the Governing Body to remain in the meeting during consideration of such matters at its absolute discretion.

Members of the Group or any employee of the Group in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the meeting, without the express permission of the Governing Body. This prohibition shall apply equally to the content of any discussion during the Governing Body meeting which may take place on such reports or papers.

Minutes will be taken during this part of a meeting and will be marked confidential.

3.17 Vacancies and defective process

All decisions taken in good faith at a meeting of the Governing Body or of any committee shall be valid even if there is any vacancy in its membership or it is discovered subsequently that there was a defect in the calling of the meeting, or the appointment of the members attending the meeting.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1 Appointment of committees and sub-committees

4.1.1 Subject to any directions given by the NHS Commissioning Board, the Group may appoint committees and sub-committees of the Group and make provision for the appointment of committees and sub-committees of its Governing Body.

4.1.2 Other than where there are statutory requirements, such as in relation to the Audit Committee and Remuneration Committee of the Governing Body, the Governing Body shall determine the membership and terms of reference of any committees and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the Governing Body.

4.1.3 The provisions of these Standing Orders shall apply where relevant to the operation of the Governing Body, all committees and sub-committees unless stated otherwise in the committee or sub-committee's Terms of Reference.

4.2 Terms of Reference

4.2.1 Terms of reference shall have effect as if incorporated into the Standing Orders.

4.3 Delegation of powers by committees to sub-committees

4.3.1 Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the Group or by the Governing Body.

4.4 Approval of Appointments to Committees and Sub-Committees

4.4.1 The Governing Body shall approve the appointments to each of the committees and sub-committees which the Governing Body or Committee has formally constituted. Where the Governing Body determines that persons, who are neither members nor employees, shall be appointed to a committee or sub-committee the terms of such appointment shall be within the powers of the Governing Body. The Governing Body shall define the powers of such appointees and shall agree such travelling or other allowances as it considers appropriate.

5. DUTY TO REPORT NON-COMPLIANCE WITH STANDING ORDERS AND PRIME FINANCIAL POLICIES

5.1 If for any reason these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Group for action or ratification. All members of the Group and staff have a duty to disclose any non-compliance with these Standing Orders to the Accountable Officer as soon as possible.

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1 Group Common Seal

6.1.1 The Group shall have a Common Seal for executing documents where necessary. The following individuals or officers are authorised to authenticate its use by their signature, or their named deputy:

The Accountable Officer

The Chair of the Governing Body
The Chief Finance Officer

The application of the Common Seal shall be attested by one of the above individuals and one other member of the Governing Body.

6.1.2 An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal.

6.1.3 **Use of Seal – General guide**

- All contracts for the purchase/lease of land and/or building
- All contracts for capital works exceeding £100,000
- All lease agreements where the annual lease charge exceeds £10,000 per annum and the period of the lease exceeds beyond five years
- Any other lease agreement where the total payable under the lease exceeds £100,000
- Any contract or agreement with organisations other than NHS or other government bodies including local authorities where the annual costs exceed or are expected to exceed £500,000

6.2 Execution of a document by signature

6.2.1 The following individuals or their named deputy are authorised to execute a document on behalf of the Group by their signature.

The Accountable Officer

The Chair of the Governing Body

The Chief Finance Officer

or other individuals to whom that ability has been delegated in writing by the Accountable Officer.

7. OVERLAP WITH OTHER GROUP POLICY STATEMENTS/PROCEDURES AND REGULATIONS

7.1 Policy statements: general principles

7.1.1 The Group will from time to time agree and approve Policy statements/ procedures which will apply to all or specific groups of staff employed by NHS East Riding of Yorkshire Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate Group minute and will be deemed where appropriate to have force as though they were part of the Group's Standing Orders.

APPENDIX D – SCHEME OF RESERVATION & DELEGATION

1. SCHEDULE OF MATTERS RESERVED TO THE CLINICAL COMMISSIONING GROUP AND SCHEME OF DELEGATION

1.1. The arrangements made by the Group as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated in the Group's constitution.

1.2. The Group remains accountable for all of its functions, including those that it has delegated.

Policy Area	Decision	Responsibility	Section Reference in Constitution
1. REGULATION AND CONTROL	Determining the arrangements by which the member practices of the CCG approve those decisions that are reserved for the membership.	Council of Members	Appendix H
2. REGULATION AND CONTROL	Considering and approving applications to the NHS Commissioning Board (NHSCB) on any matter concerning the CCG's: • Constitution, Locality Configuration, and Scheme of Reservation and Delegation and any other arrangements for taking urgent decisions; • Prime Financial Policies and Standing Orders (The Governing Body cannot have a terms of reference as it is Governed by statute and the constitution) and on any matters concerning changes to these documents	Council of Members Governing Body	6.4.3 (b) and Appendix H
3. REGULATION AND CONTROL	Approve Standards of Business Conduct Policy	Governing Body	6.4.3 (b) and Appendix H

Policy Area	Decision	Responsibility	Section Reference in Constitution
4. REGULATION AND CONTROL	Approve Conflicts of Interest Policy	Governing Body	6.4.3 (b) and Appendix H
5. STRATEGY AND PLANNING	Approving the CCG's vision and overall strategic direction Approving the CCG's values	Council of Members Governing Body	6.4.3 (b) and Appendix H
6. COMMISSIONING	Approve commissioning plans which are at the absolute discretion of the Council of Members regarded as major or otherwise of significance to the entire area	Council of Members	6.8.1(d)
7. COMMISSIONING	Approve annual reports	Governing Body	6.4.3 (b) and Appendix H
8. LEADERSHIP	Approve arrangements to appoint member Practice representatives to the Governing Body	Council of Members	6.8.2 & Appendix C, Section 2.5
9. LEADERSHIP	Approve arrangements to appoint Governing Body members	Council of Members	6.8.2 & Appendix C, Section 2.5
10. LEADERSHIP	Approve arrangements for the identification, selection and appointment of Chair of Governing Body	Council of Members	Appendix C, 2.2
11. REGULATION AND CONTROL	Approve Terms of Reference of any committees and sub-committees of the CCG	Governing Body	6.8.4
12. REGULATION AND CONTROL	Approval of CCG's operational structure	Governing Body	6.8.1
13. REGULATION	Approval of operational scheme of delegation,	Governing Body	

Policy Area	Decision	Responsibility	Section Reference in Constitution
AND CONTROL	financial policies and any other policies that are not otherwise included in the Constitution (including policies for use of the seal and arrangements for managing exceptional funding requests)		Section 5 & 6.8.1
14. REGULATION AND CONTROL	Ensuring the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically	Governing Body	6.6.1 & 6.8.1 (a)
15. REGULATION AND CONTROL	Ensuring compliance by the CCG with the generally accepted principles of good governance set out in the Constitution, as updated from time to time	Audit Committee	6.8.4 (a)
16. REGULATION AND CONTROL	Exercise or delegation of those functions of the CCG which have not otherwise been delegated	Governing Body	6.8.1
17. REGULATION AND CONTROL	Approve Procurement Strategy	Governing Body	6.8.1 & 8.6.2
18. REGULATION AND CONTROL	Monitor compliance with Standards of Business Conduct Policy and Conflicts of Interest policy and ensure Registers of Interest maintained as accurate and up to date	Governing Body	Section 8
19. REGULATION AND CONTROL	Approve counter fraud and security management arrangements	Audit Committee	Appendix E 4.1
20. REGULATION AND CONTROL	Approve business continuity and emergency planning arrangements	Governing Body	6.8.1

Policy Area	Decision	Responsibility	Section Reference in Constitution
21. REGULATION AND CONTROL	Approve complaints handling arrangements	Governing Body	4.5.1(h) and 6.8.1
22. REGULATION AND CONTROL	Approve arrangements to manage Freedom of Information Act 2000 duties	Audit Committee	4.5.1(i)
23. QUALITY	Assurance on the quality of the services commissioned and promotion of patient safety, clinical effectiveness and patient experience	Governing Body	5.2.4 & 5.2.5
24. QUALITY	Ensure the CCG's activities act with a view to securing continuous improvement in the quality of services	Governing Body	5.2.4
25. QUALITY	Ensure the CCG's activities assist and support the NHSCB in relation to its duty to improve the quality of primary medical services	Governing Body	5.2.5
26. QUALITY	Publish explanation of how the CCG spent any payment in respect of quality made to it by the NHSCB	Governing Body	6.8.1
27. COMMISSIONING	Overall responsibility for service commissioning in accordance with the vision and strategy set out by the Governing Body	Governing Body	6.8.1
28. COMMISSIONING	Designing and approving clinical pathways (defined as none major)	Governing Body	6.8.1
29. COMMISSIONING	Approving joint commissioning arrangements with other CCGs including the establishment of joint commissioning committees with other CCG's and / or NHS England to carry out agreed	Governing Body	6.5, 6.6, 6.7

Policy Area	Decision	Responsibility	Section Reference in Constitution
	functions.		
30. COMMISSIONING	Approval of delegated decision-making authority to individuals for the purpose of making decisions under joint arrangements with other CCGs.	Governing Body	6.6.1
31. COMMISSIONING	Secure public involvement in commissioning of services, promote the involvement of patients, their carers and representatives in decisions about their healthcare and enable patients to make choices	Governing Body	5.2.1 + 5.2.7 + 5.2.8 + 5.2.14
32. COMMISSIONING	Promote awareness and act with a view to ensuring that health services are provided in a way that promotes awareness of and has regard to the NHS Constitution	Governing Body	5.2.2
33. COMMISSIONING	Have regard to the need to reduce inequalities	Governing Body	5.2.6
34. COMMISSIONING	Promote innovation, research and the use of research	Governing Body	5.2.10 + 5.2.11
35. COMMISSIONING	Promote integration of services with other health services and with health-related and social care services	Governing Body	5.2.13
36. COMMISSIONING	Obtain appropriate advice as necessary	Accountable Officer	5.2.9
37. COMMISSIONING	Development of annual commissioning plans	Governing Body	6.8.1
38. COMMISSION	Determine procurement route to implement	Governing Body	6.8.1

Policy Area	Decision	Responsibility	Section Reference in Constitution
ING	annual commissioning plan		
39. COMMISSIONING	Ensure consultation with the public and Health and Wellbeing Board and the Health Overview and Scrutiny Committee (HOSC)on commissioning plans	Accountable officer	4.5.1
40. COMMISSIONING	Development of annual reports	Governing Body	6.8.1
41. COMMISSIONING	Ensure consultation with the Health and Wellbeing Board on annual reports	Accountable Officer	4.5.1
42. COMMISSIONING	Performance monitoring against commissioning plans	Governing Body	6.8.1
43. COMMISSIONING	Negotiate and approve contracting arrangements	Accountable Officer with Governing Body approval	6.8.1
44. COMMISSIONING	Ensure arrangements are in place for partnership working with local authorities under section 75 of the NHS Act 2006	Accountable Officer	6.8.1
45. COMMISSIONING	Approve appointment of joint committees with local authorities under section 75 of the NHS Act 2006e	Governing Body	6.8.1
46. COMMISIONING	Make decisions in relation to the review, planning and procurement of primary care services in the East Riding of Yorkshire, under delegated authority from NHS England.	**Primary Care Commissioning Committee**	6.8.4
47. LEADERSHIP	Identification, selection and appointment of member Practice Representatives	Members	7.1
48. LEADERSHIP	Identification, selection and nomination of	Governing Body	7.5 & 2.5.1

Policy Area	Decision	Responsibility	Section Reference in Constitution
	Accountable Officer		
49. LEADERSHIP	Identification, selection and appointment of Chief Finance Officer	Governing Body	7.5 & 2.5.1
50. HUMAN RESOURCES	Determining remuneration, fees and allowances payable to CCG employees and other persons providing services to it and determining allowances payable under a pension scheme of employees	Remuneration Committee	5.1.1(c)
51. HUMAN RESOURCES	Determining other terms and conditions of employment of staff	Remuneration Committee	5.1.1(c)
52. HUMAN RESOURCES	Determining remuneration and travelling or other allowances and arrangements for providing pensions and gratuities to Governing Body members	Remuneration Committee	5.1.1(c)
53. HUMAN RESOURCES	Ensure compliance with public sector equality duty	Governing Body	5.1.2(b)
54. HUMAN RESOURCES	Approve Code of Conduct for Staff	Governing Body	9.9 & 9.10
55. FINANCE	Approval of CCG annual budget and significant in-year variations to it	Governing Body	Appendix E, Section 7
56. FINANCE	Ensuring CCG's financial systems and financial information provisions are adequate and appropriate	Audit Committee	5.2.3
57. FINANCE	Ensuring compliance with financial laws, regulations and directions	Accountable Officer	5.4

Policy Area	Decision	Responsibility	Section Reference in Constitution
58. FINANCE	Prepare annual accounts and arrange for audit	Chief Finance Officer	7.6 & 4.5.1
59. FINANCE	Approve annual accounts for submission to the NHSCB	Governing Body	4.5.1(j)
60. FINANCE	Ensure expenditure does not exceed aggregate of allotments in each financial year	Accountable Officer	5.3.1(a)
61. FINANCE	Ensure use of resources does not exceed amount specified by NHSCB in any year	Chief Finance Officer	5.3.1(b)
62. FINANCE	Ensure CCG's activities take account of directions issued by NHSCB	Governing Body	5.3.1 (c)
63. FINANCE	Decisions in relation to entering into agreements, acquiring and disposing of assets, accepting gifts	Chief Finance Officer	7.6
64. FINANCE	Decisions in relation to making additional income available to the CCG to improve services	Chief Finance Officer	7.6
65. FINANCE	Decisions in respect of making payments by way of grants and loans	Governing Body	Appendix E, Section 12

APPENDIX E – PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

1.1.1. These prime financial policies and supporting detailed financial policies shall have effect as if incorporated into the Group's constitution.

1.1.2. The prime financial policies are part of the Group's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation found at Appendix D.

1.1.3. In support of these prime financial policies, the Chief Finance Officer has prepared more detailed policies, approved by the Governing Body, known as *detailed financial policies*. The Group refers to these prime and detailed financial policies together as the clinical commissioning Group's financial policies

1.1.4. These prime financial policies identify the financial responsibilities which apply to everyone working for the Group and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Chief Finance Officer is responsible for approving all detailed financial policies.

1.1.5. A list of the Group's detailed financial policies will be published and maintained on the Group's website.

1.1.6. Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of the Chief Finance Officer must be sought before acting. The user of these prime financial policies should also be familiar with and comply with the provisions of the Group's constitution, standing orders and scheme of reservation and delegation.

1.1.7. Failure to comply with prime financial policies and standing orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2. Overriding Prime Financial Policies

1.2.1. If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Governing Body's audit committee for referring action or ratification. All of the Group's members and employees have a duty to disclose any non-compliance with these prime financial policies to the Chief Finance Officer as soon as possible.

1.3. Responsibilities and delegation

1.3.1. The roles and responsibilities of Group's members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the Group's committee and sub-committee (if any) and persons working on behalf of the Group are set out in chapters 6 and 7 of this constitution.

1.3.2. The financial decisions delegated by members of the Group are set out in the Group's scheme of reservation and delegation.

1.4. Contractors and their employees

1.4.1. Any contractor or employee of a contractor who is empowered by the Group to commit the Group to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Accountable Officer to ensure that such persons are made aware of this.

1.5. Amendment of Prime Financial Policies

1.5.1. To ensure that these prime financial policies remain up-to-date and relevant, the Chief Finance Officer will review them at least annually. Following consultation with the Accountable Officer and scrutiny by the Governing Body's audit committee, the Chief Finance Officer will recommend amendments, as fitting, to the Governing Body for approval. As these prime financial policies are an integral part of the Group's constitution, any amendment will not come into force until the Group applies to the NHS Commissioning Board and that application is granted.

2. INTERNAL CONTROL

POLICY – the Group will put in place a suitable control environment and effective internal controls that provide reasonable assurance of effective and efficient operations, financial stewardship, probity and compliance with laws and policies

2.1. The Governing Body is required to establish an audit committee with terms of reference agreed by the Governing Body (see paragraph 6.6.4(a) of the Group's constitution for further information).

2.2. The Accountable Officer has overall responsibility for the Group's systems of internal control.

2.3. The Chief Finance Officer will ensure that:

a) financial policies are considered for review and update annually;

b) a system is in place for proper checking and reporting of all breaches of financial policies; and

c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. AUDIT

POLICY – the Group will keep an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews

3.1. In accordance with the terms of reference for the Governing Body's audit committee, the person appointed by the Group to be responsible for internal audit and the Audit Commission appointed external auditor will have direct and unrestricted access to audit committee members and the chair of the Governing Body, Accountable Officer and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.

3.2. The person appointed by the Group to be responsible for internal audit and the external auditor will have access to the audit committee and the Accountable Officer to review audit issues as appropriate. All audit committee members, the chair of the Governing Body and the Accountable Officer will have direct and unrestricted access to the head of internal audit and external auditors.

3.3. The Chief Finance Officer will ensure that:

a) the Group has a professional and technically competent internal audit function; and

b) the Governing Body and/or the Audit Committee approves any changes to the provision or delivery of assurance services to the Group.

4. FRAUD AND CORRUPTION

POLICY – the Group requires all staff to always act honestly and with integrity to safeguard the public resources they are responsible for. The Group will not tolerate any fraud perpetrated against it and will actively chase any loss suffered

4.1. The Governing Body's audit committee will satisfy itself that the Group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

4.2. The Governing Body's audit committee will ensure that the Group has arrangements in place to work effectively with NHS Protect.

5. EXPENDITURE CONTROL

5.1. The Group is required by statutory provisions to ensure that its expenditure does not exceed the aggregate of allotments from the NHS Commissioning Board and any other sums it has received and is legally allowed to spend.

5.2. The Accountable Officer has overall executive responsibility for ensuring that the Group complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.

5.3. The Chief Finance Officer will:

a) provide reports in the form required by the NHS Commissioning Board;

b) ensure money drawn from the NHS Commissioning Board is required for approved expenditure only is drawn down only at the time of need and follows best practice;

c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the Group to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of the NHS Commissioning Board.

6. ALLOTMENTS

6.1. The Group's Chief Finance Officer will:

a) periodically review the basis and assumptions used by the NHS Commissioning Board for distributing allotments and ensure that these are reasonable and realistic and secure the Group's entitlement to funds;

b) prior to the start of each financial year submit to the Governing Body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and

c) regularly update the Governing Body on significant changes to the initial allocation and the uses of such funds.

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – the Group will produce and publish an annual commissioning plan that explains how it proposes to discharge its financial duties. The Group will support this with comprehensive medium term financial plans and annual budgets

7.1. The Accountable Officer will compile and submit to the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.

7.2. Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the Governing Body

The Chief Finance Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.

7.3. The Accountable Officer is responsible for ensuring that information relating to the Group's accounts or to its income or expenditure, or its use of resources is provided to the NHS Commissioning Board as requested.

7.4. The Governing Body will approve consultation arrangements for the Group's commissioning plan.

8. ANNUAL ACCOUNTS AND REPORTS

POLICY – the Group will produce and submit to the NHS Commissioning Board accounts and reports in accordance with all statutory obligations, relevant accounting standards and accounting best practice in the form and content and at the time required by the NHS Commissioning Board

8.1. The Chief Finance Officer will ensure the Group:

a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Audit Committee

b) prepares the accounts according to the timetable approved by the Governing Body

c) complies with statutory requirements and relevant directions for the publication of annual report;

d) considers the external auditor's management letter and fully address all issues within agreed timescales; and

e) publishes the external auditor's management letter on the Group's website.

9. INFORMATION TECHNOLOGY

POLICY – the Group will ensure the accuracy and security of the Group's computerised financial data

9.1. The Chief Finance Officer is responsible for the accuracy and security of the Group's computerised financial data and shall

a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Group's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;

b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;

d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Finance Officer may consider necessary are being carried out.

9.2. In addition the Chief Finance Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

10. ACCOUNTING SYSTEMS

POLICY – the Group will run an accounting system that creates management and financial accounts

10.1. The Chief Finance Officer will ensure:

a) the Group has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the NHS Commissioning Board;

b) that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and

timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

10.2. Where another health organisation or any other agency provides a computer service for financial applications, the Chief Finance Officer shall periodically seek assurances that adequate controls are in operation.

11. BANK ACCOUNTS

POLICY – the Group will keep enough liquidity to meet its current commitments

11.1. The Chief Finance Officer will:

a) review the banking arrangements of the Group at regular intervals to ensure they are in accordance with Secretary of State directions, best practice and represent best value for money;

b) manage the Group's banking arrangements and advise the Group on the provision of banking services and operation of accounts;

c) prepare detailed instructions on the operation of bank accounts.

11.2. The Accountable Officer shall approve the banking arrangements.

12. INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS.

POLICY – the Group will

- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the Group or its functions
- ensure its power to make grants and loans is used to discharge its functions effectively

12.1. The Chief Financial Officer is responsible for:

a) designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;

b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;

c) approving and regularly reviewing the level of all fees and charges other than those determined by the NHS Commissioning Board or by statute. Independent professional advice on matters of valuation shall be taken as necessary;

d) for developing effective arrangements for making grants or loans.

13. TENDERING AND CONTRACTING PROCEDURE

POLICY – the Group:

- will ensure proper competition that is legally compliant within all purchasing to ensure we incur only budgeted, approved and necessary spending
- will seek value for money for all goods and services
- shall ensure that competitive tenders are invited for
    - the supply of goods, materials and manufactured articles;
    - the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health); and
    - for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals

13.1. The Group shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the Chief Finance Officer it is desirable to seek tenders from firms single tender only, the reason shall be recorded in writing to the Accountable Officer or the Group's Audit Committee

13.2. The Accountable Officer shall approve arrangements for the negotiation contracts on behalf of the Group, and the Group may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

a) the Group's standing orders;

b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and

c) take into account as appropriate any applicable NHS Commissioning Board or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.

13.3. In all contracts entered into, the Group shall endeavour to obtain best value for money. The Accountable Officer shall nominate an individual who shall oversee and manage each contract on behalf of the Group.

14. COMMISSIONING

POLICY – working in partnership with relevant national and local stakeholders, the Group will commission certain health services to meet the reasonable requirements of the persons for whom it has responsibility

14.1. The Group will coordinate its work with the NHS Commissioning Board, other clinical commissioning groups, local providers of services, local authority(ies), including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.

14.2. The Accountable Officer will establish arrangements to ensure that regular reports are provided to the Audit Committee detailing actual and forecast expenditure and activity for each contract.

14.3. The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

15. RISK MANAGEMENT AND INSURANCE

POLICY – the Group will put arrangements in place for evaluation and management of its risks

15.1. The Audit Committee shall have oversight of the preparation of a risk and assurance framework which shall be submitted, at least annually, to the Governing Body for Approval.

15.2. The Director of Quality & Integrated Governance / Executive Nurse shall, in consultation with the Accountable Officer, have responsibility for the preparation of the risk and assurance framework.

15.3. The CCG shall participate in the Risk Pooling Schemes managed by the NHS Litigation Authority or shall enter into such contracts of insurance as it may from time to time be permitted by law so to do in accordance with arrangements approved by the Audit Committee.

16. PAYROLL

POLICY – the Group will put arrangements in place for an effective payroll service

16.1. The Chief Finance Officer will ensure that the payroll service selected:

a) is supported by appropriate (i.e. contracted) terms and conditions;

b) has adequate internal controls and audit review processes;

c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.

16.2. In addition the chief finance office shall set out comprehensive procedures for the effective processing of payroll

17. NON-PAY EXPENDITURE

POLICY – the Group will seek to obtain the best value for money goods and services received

17.1. The Governing Body will approve the level of non-pay expenditure on an annual basis and the Accountable Officer will determine the level of delegation to budget managers

17.2. The Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

17.3. The Chief Finance Officer will:

a) advise the Audit Committee on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation;

b) be responsible for the prompt payment of all properly authorised accounts and claims;

c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

18. CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

POLICY – the Group will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place polices to secure the safe storage of the Group's fixed assets

18.1. The Accountable Officer will

a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;

b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;

c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;

d) be responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

18.2. The Chief Finance Officer will prepare detailed procedures for the disposals of assets.

19. RETENTION OF RECORDS

POLICY – the Group will put arrangements in place to retain all records in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance

19.1. The Accountable Officer shall:

a) be responsible for maintaining all records required to be retained in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance;

b) ensure that arrangements are in place for effective responses to Freedom of Information requests;

c) publish and maintain a Freedom of Information Publication Scheme.

20. TRUST FUNDS AND TRUSTEES

POLICY – the Group will put arrangements in place to provide for the appointment of trustees if the Group holds property on trust

20.1. The Chief Finance Officer shall ensure that each trust fund which the Group is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

APPENDIX F - NOLAN PRINCIPLES

1. The principles of public life (the 'Nolan Principles') apply to anyone who works as a public office-holder. This includes all those who are elected or appointed to public office, nationally and locally, and all people appointed to work in the civil service, local government, the police, courts and probation services, NDPBs, and in the health, education, social and care services. All public office-holders are both servants of the public and stewards of public services. The principles also have application to all those in other sectors delivering public services. The seven principles are:

   a) **Selflessness** – Holders of public office should act solely in terms of the public interest.

   b) **Integrity** – Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

   c) **Objectivity** – Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

   d) **Accountability** – Holders of public office are accountable to the public for their decisions and actions and must admit themselves to the scrutiny necessary to ensure this.

   e) **Openness** – Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

   f) **Honesty** – Holders of public office should be truthful.

   g) **Leadership** – Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Source: *The Committee on Standards in Public Life* (2013)

APPENDIX G – NHS CONSTITUTION

The NHS Constitution sets out seven key principles that guide the NHS in all it does:

1. **the NHS provides a comprehensive service, available to all** - irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population

2. **access to NHS services is based on clinical need, not an individual's ability to pay** - NHS services are free of charge, except in limited circumstances sanctioned by Parliament.

3. **the NHS aspires to the highest standards of excellence and professionalism** - in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.

4. **NHS services must reflect the needs and preferences of patients, their families and their carers** - patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.

5. **the NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population** - the NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being

6. **the NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources** - public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves

7. **the NHS is accountable to the public, communities and patients that it serves** - the NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS

should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)

APPENDIX H – TERMS OF REFERENCE OF THE COUNCIL OF MEMBERS

MEETINGS OF THE MEMBERS

1. **Annual General Meeting**

1.1. The Group shall hold an AGM of the Council of Members:

a) once in a year;

b) on a Business Day; and

c) that AGM shall be held at such date, time and place as the Governing Body shall determine.

1.2. Unless agreed specifically to the contrary minutes of all formal meetings will be a matter of public record.

2. **Other General Meetings**

2.1. The Governing Body or Practice Representatives together holding 33% of the votes allocated to members] can call a General Meeting of the Council of Members at any time by giving all the Members at least **twenty one (21)** days' notice.

2.2. Unless agreed specifically to the contrary minutes of all formal meetings will be a matter of public record.

3. **Contents of Notice**

Every notice calling a General Meeting must specify the place, day and time of the meeting, whether it is a general or an AGM, and the general nature of the business to be transacted. Any resolution proposed to be passed must be set out in full.

4. Service of Notice

Notice of General Meetings must be given to all Practice Representatives and to each member of the Governing Body.

5. Attendance and speaking at General Meetings

5.1. The Governing Body may make whatever arrangements it considers appropriate to enable those attending a General Meeting to exercise their rights to speak or vote at it.

5.2. The accidental omission to give notice of a meeting to, or the non-receipt of notice of a meeting by, any person entitled to receive notice shall not invalidate the proceedings at that meeting.

6. Quorum for General Meetings

6.1. No business other than the appointment of the chair of the meeting is to be transacted at a General Meeting if the persons attending it do not constitute a quorum.

6.2. 18 persons entitled to vote upon the business to be transacted, each being a Practice Representative or a proxy for a Practice Representative, shall be a quorum.

7. Chairing General Meetings

7.1. The Chair of the Governing Body shall chair General Meetings if present and willing to do so. If not present and willing to chair the meeting/item of business, the Deputy Chair of the Governing Body shall chair the General Meeting if present and willing to do so.

7.2. If the Chair of the Governing Body and the Deputy Chair of the Governing Body are unwilling to chair the meeting or are not present within ten minutes of the time at which a meeting was due to start, those members of the Governing Body who are representatives of member practices, if present, or if no such persons are present, those present at the meeting, must appoint a chair of the meeting and the appointment of the chair of the meeting must be the first business of the meeting. Where those members of the Governing Body who are representatives of member practices are present at the meeting then any such chair of the meeting shall be appointed from amongst their number.

8. Attendance and speaking by members of the Governing Body and non-members

8.1. Members of the Governing Body may attend and speak at General Meetings, whether or not they are Practice Representatives, but may only participate in any vote if they are both a member of the Governing Body and a Practice Representative.

8.2. The chair of the meeting may permit other persons who are not Practice Representatives to attend and speak at a general meeting, but not to vote.

9. Adjournment

9.1. If the persons attending a General Meeting within half an hour of the time at which the meeting was due to start do not constitute a quorum, or if during a meeting a quorum ceases to be present, the chair of the meeting must adjourn it.

9.2. The chair of the meeting may adjourn a General Meeting at which a quorum is present if:

a) the meeting consents to an adjournment, or

b) it appears to the chair of the meeting that an adjournment is necessary to ensure that the business of the meeting is conducted in an orderly manner.

9.3. The chair of the meeting must adjourn a General Meeting if directed to do so by a simple majority of the Practice Representatives present at the meeting.

9.4. When adjourning a General Meeting, the chair of the meeting must:

a) either specify the time and place to which it is adjourned or state that it is to continue at a time and place to be fixed by the Governing Body, and

b) have regard to any directions as to the time and place of any adjournment which have been given by the meeting.

9.5. If the continuation of an adjourned meeting is to take place more than 14 days after it was adjourned, the Governing Body must give at least [14] clear days' notice of it (that is, excluding the day of the adjourned meeting and the day on which the notice is given):

a) to the same persons to whom notice of General Meetings is required to be given, and
b) containing the same information which such notice is required to contain.

9.6. At an adjourned General Meeting only that business that formed the business to be transacted at the original meeting can be transacted.

10. Voting: general

10.1. Each CCG Member practice will have a number of votes based on the number of registered patients for the practice as at 1 April in each year as follows:

Number of Registered patients per practice	No. of votes
0 – 1,000	1 vote
1001 – 2000	2 votes
2001 – 3000	3
3001 – 4000	4
4001 – 5000	5
5001 – 6000	6
And so on	And so on

10.2. Decisions of the Council of Members shall be decided by a majority vote based on the total number of votes held by practice representatives attending the meeting as set out above (as long as the meeting is quorate). In the case of an equality of votes, the chair of the meeting shall be entitled to a casting vote.

10.3. All votes will be recorded and available on request to members of the Group and the Governing Body.

11. Errors and disputes

11.1. No objection may be raised to the qualification of any person voting at a General Meeting except at the meeting or adjourned meeting at which the vote objected to is tendered, and every vote not disallowed at the meeting is valid.

11.2. Any such objection must be referred to the chair of the meeting whose decision is final.

12. Content of proxy notices

12.1. Proxies may only validly be appointed by a notice in writing (a "proxy notice") which:

a) states the name and address of the Member Representative appointing the proxy;

b) identifies the person who themselves should be eligible to active as a practice representative appointed to be that Member Representative's proxy and the General Meeting in relation to which that person is appointed;

c) is signed by or on behalf of the Member Representative appointing the proxy, or is authenticated by the relevant member; and

d) is delivered to the Governing Body:

i) no later than 5 Business Days before the General Meeting in relation to which that person is appointed; and

ii) in accordance with any instructions contained in the notice of the General Meeting to which they relate.

12.2. The Governing Body may require proxy notices to be delivered in a particular form, and may specify different forms for different purposes.

12.3. Proxy notices may specify how the proxy appointed under them is to vote (or that the proxy is to abstain from voting) on one or more resolutions.

12.4. Unless a proxy notice indicates otherwise, it must be treated as:

a) allowing the person appointed under it as a proxy discretion as to how to vote on any ancillary or procedural resolutions put to the meeting, and

b) appointing that person as a proxy in relation to any adjournment of the General Meeting to which it relates as well as the meeting itself.

13. Delivery of proxy notices

13.1. An appointment under a proxy notice may be revoked by delivering to the Governing Body a notice in writing given by or on behalf of the Member Representative by whom or on whose behalf the proxy notice was given.

13.2. A notice revoking a proxy appointment only takes effect if it is delivered before the start of the meeting or adjourned meeting to which it relates.

13.3. If a proxy notice is not executed by the Member Representative appointing the proxy, it must be accompanied by written evidence of the authority of the person who executed it to execute it on the relevant member's behalf.

14. Resolutions in Writing

A resolution in writing signed or approved by such number of Member Representatives as would have been required to pass the resolution had it been voted on at a General Meeting shall be as valid and effectual as if it had been passed at a General Meeting duly convened and held. The resolution may consist of more than one document in the same form each signed or approved by one or more persons.

APPENDIX I - PRIMARY CARE COMMISSIONING COMMITTEE (PCCC)

TERMS OF REFERENCE

Introduction

Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS East Riding of Yorkshire CCG. The delegation is set out in Schedule 2.

The CCG has established the NHS East Riding of Yorkshire CCG Primary Care Commissioning Committee. The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

It is a committee comprising representatives of the following organisations:

- NHS East Riding of Yorkshire CCG

Representatives from the following organisations, without voting rights, may also be present:

i. NHS England
ii. Healthwatch
iii. The Humberside Group of Local Medical Committees
iv. East Riding of Yorkshire Council

Statutory Framework

NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.
Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the NHS England Board and the CCG.

Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

a) Management of conflicts of interest (section 14O);
b) Duty to promote the NHS Constitution (section 14P);
c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
d) Duty as to improvement in quality of services (section 14R);

e) Duty in relation to quality of primary medical services (section 14S);
f) Duties as to reducing inequalities (section 14T);
g) Duty to promote the involvement of each patient (section 14U);
h) Duty as to patient choice (section 14V);
i) Duty as to promoting integration (section 14Z1);
j) Public involvement and consultation (section 14Z2).

The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act.

The Committee is established as a committee of the Governing Body of NHS East Riding of Yorkshire CCG in accordance with Schedule 1A of the "NHS Act".

The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee
The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in the East Riding of Yorkshire, under delegated authority from NHS England.

In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS East Riding of Yorkshire CCG, which will sit alongside the delegation and terms of reference.

The functions of the Committee are undertaken in the context of a desire to promote increased commissioning to improve quality, efficiency, productivity and value for money and to remove administrative barriers.

The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

This includes the following:

i. GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);

ii. Newly designed primary care/enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");

iii. Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);

iv. Decision making on whether to establish new GP practices in an area;

v. Approving practice mergers; and

vi. Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

vii. Currently commissioned extended primary care medical services; and

viii. Implementation of the agreed primary care strategy for East Riding of Yorkshire CCG together with review and further development of the strategy.

ix. Decision making in terms of newly designed services to be commissioned from primary care, transformation and development initiatives and funding (within budget).

x. Consideration of proposals on primary care estate development in line with the agreed primary care strategy

xi. To ensure allocations are managed within budget.

xii. To develop and approve primary care policies e.g. Merger funding policy, infrastructure criteria for evaluation.

The CCG will also carry out the following activities:

a) To plan, including needs assessment, primary [medical] care services in the East Riding of Yorkshire;

b) To undertake reviews of primary [medical] care services in the East Riding of Yorkshire;

c) To co-ordinate a common approach to the commissioning of primary care services generally;

d) To manage the budget for commissioning of primary [medical] care services in the East Riding of Yorkshire.

Geographical Coverage

The Committee will cover the area served by NHS East Riding of Yorkshire CCG

Membership

The Committee shall comprise the membership set out at Schedule 1.

Any changes to the membership of the Committee must be approved by the CCG governing body.

The Chair and Vice Chair of the Committee shall be appointed by the CCG governing body. The Chair shall be a Lay Representative of the CCG governing body. In which case the term "Chair" is to be read as a reference to the Chair of the Committee as the context permits, and the term "member" is to be read as a reference to a member of the Committee also as the context permits.

Members are required to attend all scheduled meetings. Attendance will be monitored throughout the year and any concerns raised by the Chair with the relevant Member.

Meetings and Voting
The Committee will operate in accordance with the CCG's Constitution including its Standing Orders and Prime Financial Policies. The Governance & Corporate Services Team will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 working days before the date of the meeting.

Members will work collaboratively to reach decisions by consensus and agreement wherever possible. Where exceptionally this is not possible, the following arrangements will apply.

i. Each Member shall have one vote.

ii. The Committee shall reach decisions by a simple majority of Members present, but with the Chair having a second and deciding vote if necessary

iii. The Committee will be able to vote on items when conflicted, the members need to be 1 Lay Member, 2 Non Conflicted Clinicians and 1 other

The meetings of the Committee shall normally be held in public, but can meet in private if there are matters for example, of commercial sensitivity. The CCG senior officer with responsibility for corporate governance will be responsible for ensuring that FOI requirements in relation to the Committee are met. The chair of the committee will seek the advice of the senior officer with responsibility for corporate governance in relation to any matters where an exemption as defined within the Freedom of Information Act 2000 is believed to apply.

Quorum
The quorum for meetings shall be six voting members including a minimum of one lay member and two clinical representatives.

If a quorum has not been reached, then the meeting may proceed if those attending agree but any record of the meeting should be clearly indicated as notes rather than formal minutes, and no decisions may be taken by the non-quorate meeting of the Committee.

Frequency of meetings / Reporting
The Committee shall meet not less than bi-monthly and on other such occasions as agreed between the Chair of the Committee and the Chair of the CCG Governing Body. The frequency of meeting should be such as to ensure the Committee achieves its annual work-plan. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify. Some meetings are expected to be held as 'workshops' rather than formal public meetings to enable the development of workplans and other developmental work.

Meetings of the Committee shall:
a) be held in public, subject to the application of 23(b);

b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be

transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest. The current CCG Primary Care Development Group will be designated as a sub-committee of the Primary Care Commissioning Committee. The current terms of reference are shown below at Schedule 3 and will be reviewed and agreed by the Primary Care Commissioning Committee on a regular basis.

The Quality, Performance and Finance Committee will have responsibility for monitoring quality with the Primary Care Commissioning Committee receiving any escalation reports or reports pertaining to the workplan.

The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

All meetings shall be formally minuted and a record kept of all reports/documents considered.

The reporting arrangements to the CCG Governing Body shall be through the submission of a written quarterly Chair's Report. The report shall, where necessary, include details of any recommendations requiring ratification by the CCG Governing Body. Papers will be presented to the Governing Body as and when necessary for recommendations requiring ratification. The Chair's Report shall also be sent to NHS England – North and the Audit and Integrated Governance Committee.

Copies of the Minutes shall be sent to NHS England – North and the Audit and Integrated Governance Committee. The Committee will provide an Annual Workplan to the CCG Governing Body for approval and an Annual Report.

The CCG will also comply with any reporting requirements set out in its constitution.

The Terms of Reference will be reviewed annually, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Confidentiality and Conflicts of Interest / Standards of Business Conduct

Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution, Business Conduct and Conflicts of Interest Policies.

In circumstances where a potential conflict is identified the Chair of the Committee will determine the appropriate steps to take in accordance with the CCG's Conflicts of Interest policy. This action may include, but is not restricted to, withdrawal from the meeting for the conflicted item or remaining in the meeting but not voting on the conflicted item.

Accountability of the Committee

The Committee is established as a committee of the Governing Body of NHS East Riding of Yorkshire CCG in accordance with Schedule 1A of the "NHS Act".

The Committee will make decisions within the bounds of its remit.

The decisions of the Committee shall be binding on NHS England and NHS East Riding of Yorkshire CCG.

For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders and Standing Financial Instructions of any of the members, the Delegation will prevail.

SCHEDULE 1

COMMITTEE MEMBERSHIP
The membership will meet the requirements of NHS East Riding of Yorkshire's Clinical Commissioning Group's constitution.

The Chair of the Committee shall be a Lay Representative of the NHS East Riding of Yorkshire's CCG Governing Body.

The Vice Chair of the Committee shall be a Lay Representative of the NHS East Riding of Yorkshire's CCG Governing Body.

There will be a standing invitation to Healthwatch, the Local Medical Committee, the East Riding of Yorkshire Council and NHS England.

Membership of the Committee is determined and approved by NHS East Riding of Yorkshire's CCG governing body and will comprise:

Member (Voting)
- NHS East Riding of Yorkshire's CCG

Lay member representation
- NHS East Riding of Yorkshire CCG Governing Body, Lay Representative Patient and Public Involvement - Chair
- NHS East Riding of Yorkshire CCG Governing Body, Lay Representative CCG Vice Chair- Vice Chair

Clinical Representation
- NHS East Riding of Yorkshire CCG Governing Body Clinical Chair
- NHS East Riding Medical Advisor (Independent GP)
- Independent GP

- NHS East Riding of Yorkshire CCG Director of Quality and Integrated Governance/Executive Nurse (or immediate deputy)
- NHS East Riding of Yorkshire CCG GP Lead for Primary Care
- GP Federation/GP Grouping representatives (numbers of representatives to be determined)
- GP Commissioning Lead

Managerial Representation

- NHS East Riding of Yorkshire CCG Chief Officer
- NHS East Riding of Yorkshire CCG Chief Finance Officer (or immediate deputy)
- NHS East Riding of Yorkshire CCG Director of Commissioning & Transformation (or immediate deputy)

Members (non-voting)

- NHS England Representative, Head of Co-Commissioning (Localities) (or immediate deputy)
- Healthwatch Representative
- LMC Representative
- East Riding of Yorkshire Council
- NHS East Riding of Yorkshire CCG AD Planned & Primary Care Transformation

In attendance as and when required

- Commissioning Support Representatives
- Other Officers of the CCG
- Other Officers of NHS England

SCHEDULE 2 (FROM ANNEX E)

DELEGATION BY NHS ENGLAND TO NHS EAST RIDING OF YORKSHIRE CCG

In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended) ("NHS Act"), NHS England has delegated the exercise of the functions specified in this Delegation to NHS East Riding of Yorkshire CCG to empower NHS East Riding of Yorkshire CCG to commission primary medical services for the people of the East Riding of Yorkshire.

NHS England and the CCG have entered into the Delegation Agreement that sets out the detailed arrangements for how the CCG will exercise its delegated authority.
Even though the exercise of the functions passes to the CCG the liability for the exercise of any of its functions remains with NHS England.

In exercising its functions (including those delegated to it) the CCG must comply with the statutory duties set out in the NHS Act and/or any directions made by NHS England or by the Secretary of State, and must enable and assist NHS England to meet its corresponding duties.

Commencement

This Delegation, and any terms and conditions associated with the Delegation, take effect from 1 April 2018.

NHS England may by notice in writing delegate additional functions in respect of primary medical services to the CCG. At midnight on such date as the notice will specify, such functions will be Delegated Functions and will no longer be Reserved Functions.

Role of the CCG
The CCG will exercise the primary medical care commissioning functions of NHS England as set out in Annex 1 to this Delegation and on which further detail is contained in the Delegation Agreement.

NHS England will exercise its functions relating to primary medical services other than the Delegated Functions set out in Annex 1 including but not limited to those set out in Annex 2 to this Delegation and as set out in the Delegation Agreement.

Exercise of delegated authority
The CCG must establish a committee to exercise its delegated functions in accordance with the CCG's constitution and the committee's terms of reference. The structure and operation of the committee must take into account guidance issued by NHS England. This committee will make the decisions on the exercise of the delegated functions.

The CCG may otherwise determine the arrangements for the exercise of its delegated functions, provided that they are in accordance with the statutory framework (including Schedule 1A of the NHS Act) and with the CCG's Constitution.

The decisions of the CCG Committee shall be binding on NHS England and NHS East Riding of Yorkshire CCG.

Accountability
The CCG must comply with the financial provisions in the Delegation Agreement and must comply with its statutory financial duties, including those under sections 223H and 223I of the NHS Act. It must also enable and assist NHS England to meet its duties under sections 223C, 223D and 223E of the NHS Act.

The CCG will comply with the reporting and audit requirements set out in the Delegation Agreement and the NHS Act.

NHS England may, at its discretion, waive non-compliance with the terms of the Delegation and/or the Delegation Agreement.

NHS England may, at its discretion, ratify any decision made by the CCG Committee that is outside the scope of this delegation and which it is not authorised to make. Such ratification will take the form of NHS England considering the issue and decision made by the CCG and then making its own decision. This ratification process will then make the said decision one which NHS England has made. In any event ratification shall not extend to those actions or decisions that are of themselves not capable of being delegated by NHS England to the CCG.

Variation, Revocation and Termination

NHS England may vary this Delegation at any time, including by revoking the existing Delegation and re-issuing by way of an amended Delegation.

This Delegation may be revoked at any time by NHS England. The details about revocation are set out in the Delegation Agreement.

The parties may terminate the Delegation in accordance with the process set out in the Delegation Agreement.

Signed by Paul Baumann
Chief Financial Officer, for and on behalf of NHS England

Annex 1 – Delegated Functions (FROM ANNEX E)

a) Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
i. Decisions in relation to Enhanced Services;
ii. Decisions in relation to Local Incentive Schemes (including the design of such schemes);
iii. Decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
iv. Decisions about 'discretionary' payments;
v. Decisions about commissioning urgent care (including home visits as required) for out of area registered patients;

b) The approval of practice mergers;
c) Planning primary medical care services in the Area, including carrying out needs assessments;
d) Undertaking reviews of primary medical care services in the Area;
e) Decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
f) Management of the Delegated Funds in the Area;
g) Premises Costs Directions functions;
h) Co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
i) Such other ancillary activities as are necessary in order to exercise the Delegated Functions.

Annex 2 - Reserved Functions (FROM ANNEX E)

a) Management of the national performers list;
b) Management of the revalidation and appraisal process;
c) Administration of payments in circumstances where a performer is suspended and related performers list management activities;
d) Capital Expenditure functions;
e) Section 7A functions under the NHS Act;
f) Functions in relation to complaints management;

g) Decisions in relation to the Prime Minister's Challenge Fund; and
h) Such other ancillary activities that are necessary in order to exercise the Reserved Functions;

SCHEDULE 3:

Sub Group of PCCC - Primary Care Development Group (PCDG)

The Primary Care Development Group is a sub group of the Primary Care Commissioning Committee (PCCC), the group will take direction from and report to PCCC and the meetings will be held monthly and will precede the PCCC in the months that the meeting is held.

This group was established to support development of primary care across the East Riding of Yorkshire to include:

- To act as the delivery group for the primary care strategy
- To develop the annual plan to deliver the agreed primary care strategy in line with the strategy
- To act as the key stakeholder group for developing and refreshing (from time to time as appropriate) the primary care strategy
- To act as the main development body for primary care commissioned services e.g. extended access, enhanced services
- To act as the main stakeholder body in supporting and agreeing mechanisms to support primary care in developing and implementing new and collaborative models of care
- To act to foster genuine partnership and collaboration between health and care organisations through working together on areas of shared responsibility.
- To make recommendations to the GB and COM on matters concerning primary care
- To be cognisant of the need to manage within allocated primary care budgets
- To develop and support gain and risk share initiatives to enable the shift of resources from other sectors to primary and community sectors
- To develop an annual work plan to support the ongoing sustainability and development of primary care across East Riding
- To act as an expert group in matters relating to primary care
- To act as a liaison body with the LMC
- To ensure and monitor the delivery of the East Riding of Yorkshire Primary Care Strategy, General Practice Forward View, Estates strategy to address General Practice;
    - Investment
    - Workload
    - Workforce
    - Infrastructure
    - New Models of Care
- To coordinate the effective engagement with GP member practices in the workplan of the PCGD
- To agree how to reduce unwarranted variation and improve quality within Primary Care
- To support Primary Care Education, training and development
- To ensure patient engagement where appropriate

APPENDIX J – AUDIT & INTEGRATED GOVERNANCE COMMITTEE (AIGC)

TERMS OF REFERENCE

1. CONSTITUTION

The Audit & Integrated Governance Committee (the committee) is established in accordance with NHS East Riding of Yorkshire Clinical Commissioning Group's (CCG) Constitution to ensure compliance with accepted principles of good governance set out in the Constitution and to enable the members to make collective decisions under delegated authority from the Governing Body. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee.

The Committee will conduct its business in accordance with relevant national guidance, including the NHS Audit Committee Handbook and relevant codes of practice such as the Nolan Principles, which are included in the CCG constitution.

2. POWERS & AUTHORITY

The Committee will have an oversight of the financial reporting and audit processes, systems of internal control and compliance with laws and regulations. For the purpose of this Committee Integrated Governance will include:

- Corporate Governance
- Clinical Governance
- Risk Management
- Financial Governance
- Research Governance
- Information Governance

The Committee is authorised to seek any information it requires from any CCG member practice, provider of commissioning support services or CCG employee. All employees are directed to co-operate with any request made by the Committee. The Committee is also authorised by the Governing Body to obtain external legal or other independent professional advice and to secure the attendance of external bodies with relevant experience and expertise if it considers this necessary

3. MEMBERSHIP & CHAIR

The Committee shall be appointed by the CCG as set out in the CCG's constitution and may include individuals who are not on the Governing Body.

The Chair of the Governing Body will not be a member of the Committee. The Lay Member on the Governing Body, with a lead role in overseeing key elements of governance, will Chair the Committee. In the event of the Chair of the Committee being unable to attend all or part of the meeting, the members attending the meeting will appoint from their number a Chair for that meeting.

Membership of the Committee:

- Lay Member with responsibility for governance - Chair
- Lay member - CCG Vice Chair
- GP member

Normally in attendance at the meetings

- Chief Finance Officer
- Director of Quality and Governance / Executive Nurse
- Quality & Patient Safety Manager
- Representative from Internal Audit
- NHS Protect (represented by local counter fraud specialist)
- A representative from External Audit

In addition:

- At least once a year the Committee shall meet privately with the external and internal auditors.
- Regardless of attendance, external audit, internal audit, local counter fraud providers will have full and unrestricted rights of access to the Committee.
- The Accountable Officer should be invited to attend and discuss, at least annually with the Committee, the process for assurance that supports the statement on Annual Governance. He/ she should also normally attend when the Committee considers the draft internal audit plan and the annual accounts.
- Any other member of the CCG leadership team may be invited to attend, particularly when the Committee is discussing areas of risk or operation.
- The Chair of the Governing Body may only attend meetings if invited to do so by the Committee and will usually be invited to attend one meeting each year as an observer to gain an understanding of the Committee's operations.
- Any other individual may be invited to attend as appropriate.

4. ATTENDANCE & QUORACY

The meeting will be quorate if two members of the Committee are in attendance. If the Committee is not quorate the meeting may be postponed at the discretion of the Chair. If the meeting does take place and is not quorate, no decisions shall be made at that meeting and such matters will be deferred until the next quorate meeting.

5. DECISION MAKING

Decisions are made by consensus.

The Committee will apply best practice in its decision making processes and is authorised by the Governing body to investigate any activity within its terms of reference.

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the responsibility for managing any potential conflict of interest in line with the CCG Conflicts of Interest Policy.

6. REMIT & RESPONSIBILITIES OF THE COMMITTEE

The Committee shall critically review the CCG's financial reporting and internal control principles and ensure an appropriate relationship with both internal and external auditors is maintained. The key duties of the Committee are as follows:-

Integrated Governance, risk management and internal control

The Committee shall review the system of integrated governance, risk management and internal control, across the whole of the CCG's activities that support the achievement of the CCG's objectives and will ensure a holistic approach to governance. In particular, the Committee will review and provide assurance on the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular the Governance Statement), together with any appropriate independent assurances, prior to approval by the CCG.
- The underlying assurance processes that indicate the degree of achievement of CCG objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.
- The policies and procedures for all work related to fraud and corruption as set out in NHS Protect standards and as required by the NHS Protect Standards and Security Management Service.

- The management of Freedom of Information requests.

In carrying out this work the Committee will place reliance on the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

Internal audit
The Committee shall ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards to provide appropriate independent assurance to the Committee, the Accountable Officer and CCG Governing Body. This will be achieved by:

- Consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal.

- Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework.

- Considering the major findings of internal audit work (and management's response) and ensuring co-ordination between the internal and external auditors to optimise audit resources.

- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the CCG.

- An annual review of the effectiveness of internal audit.

External audit
The Committee shall review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:

- Consideration of the performance of the external auditors, as far as the rules governing the appointment permit.

- Discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy.

- Discussion with the external auditors of their local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee.

- Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the CCG and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

In line with the requirement for the CCG to procure external audit services from 2017/18, the AIGC (under the delegated authority of the Governing Body) will ensure there is sufficient scrutiny and oversight of the CCG's relationship with its external auditors by having an Auditor Panel.

AIGC shall perform the role of the Auditor Panel for the CCG. The Chair of the AIGC shall also be the Chair of the Auditor Panel. The Auditor Panel shall:

a. advise the CCG on the maintenance of an independent relationship with external auditors;

b. advise the CCG on the selection and appointment of external auditors;

c. If asked advise the CCG on any proposal to enter into a limited liability agreement.

To ensure the activities of the Auditor Panel are distinctive to the other activities of the AIGC the Chair of the Auditor Panel shall arrange separate Auditor Panel meetings as required, ensure minutes of meetings are formally recorded and submitted to the Governing Body and provide a separate annual report to the Governing Body of the panel's activities and decisions.

Other assurance functions

The Committee shall seek assurances on the findings of other significant assurance functions, both internal and external and consider the implications for the governance of the CCG.

These will include, but will not be limited to, any reviews by Department of Health arm's length bodies or regulators/inspectors (for example, the Care Quality Commission and NHS Litigation Authority) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies).

Counter fraud

The Committee shall:

- Satisfy itself that the CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.
- Approve the counter fraud and security management arrangements and work programme.

Other Committees

The Committee will review the work of other Committees whose work can provide relevant assurances. This may include but is not limited to:

- Service Re-design & Commissioning Committee
- Quality, Performance & Finance Committee
- Primary Care Joint Commissioning Committee
- Senior Leadership Team meetings and in particular those which review Quality, Risk Management and Information Governance.

Financial reporting

The Committee shall seek assurance that the systems for financial reporting to the CCG, including those of budgetary control, as regards completeness and accuracy of the information provided to the CCG Governing Body and shall monitor any formal announcements relating to the CCG's financial performance.

The Committee shall review the annual report and financial statements before submission to the Governing Body, focusing particularly on:

- The wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee;
- Changes in, and compliance with, accounting policies, practices and estimation techniques;
- Unadjusted mis-statements in the financial statements;
- Significant judgements in preparing of the financial statements;
- Significant adjustments resulting from the audit;
- Letter of representation; and
- Qualitative aspects of financial reporting.

7. MANAGEMENT & REPORTING

Records shall be kept from each meeting, these will include all minutes, reports and other documentation associated with the business of the committee.

The minutes of the Committee shall be formally recorded and submitted to the Governing Body. The Chair of the Committee shall draw to the attention of the Governing Body any significant issues or risks.

The Committee will report to the Governing Body on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, how embedded risk management is in the organisation and how effective integrated governance is within the arrangements. An annual review

and report is to be completed, agreed and submitted to the Governing Body along with an annual work plan detailing future committee business. During the year the Committee will report to the Governing Body as requested.

The Committee shall request and receive reports and assurances on the overall arrangements for governance, risk management and internal control and may also request specific reports from individual functions within the CCG as they may be appropriate to the overall arrangements.

The minutes and papers from this meeting will not be routinely made available to the public and will not be included in the CCGs Publication Scheme. Any formal request for these minutes and papers will, however be carefully considered under the Freedom of Information Act 2000.

These terms of reference are accessible to the public on the NHS East Riding of Yorkshire Clinical Commissioning Group website.

8. ADMINISTRATION

Administration for meetings will be undertaken by the Governance and Organisational Development Team. The secretary of the committee will be responsible for supporting the Chair in the management of committee business. This will include arranging, formal minutes and archiving of all reports and documentation associated with the business of the committee.

9. FREQUENCY

Meetings shall be held not less than four times a year. The meetings will be called by the Chair of the Committee.

Meetings will be called at a minimum of ten days' notice. The Committee alone shall be responsible for agreeing the dates of the meetings and no date fixed by the Committee shall be changed without the approval of the Committee, except that in exceptional circumstance the Chair shall take such a decision alone and shall, as soon as practicable, report his decision and reasons for it to the Secretary and the members of the Committee.

The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary and this may be called at shorter notice than stated above.

10. REVIEW

The Committee will review its own performance, membership and terms of reference at least annually. Any resulting changes to the terms of reference or membership should be approved by the Governing Body.

APPENDIX K – REMUNERATION COMMITTEE

TERMS OF REFERENCE

1. CONSTITUTION

The Remuneration Committee (the committee) is established in accordance with NHS East Riding of Yorkshire Clinical Commissioning Group's (CCG) Constitution to enable the members to make collective decisions under delegated authority from the Governing Body. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee.

The Committee will observe the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds and the management of the bodies concerned and will conduct its business in accordance with relevant national guidance and codes of practice such as the Nolan Principles.

2. POWERS & AUTHORITY

To deal with functions to ensure that remuneration arrangements support the strategic aims of the CCG and enable the recruitment, motivation and retention of senior CCG employees and other senior persons providing services to it, while also complying with legislation.

The committee has full authority to commission any reports or surveys it deems necessary to help it fulfill its obligations. On occasion the committee may also seek independent advice about remuneration for individuals.

The Committee will operate within the CCGs Constitution (Scheme of Delegation and Standing Orders) and will at all times comply with the CCGs Conflicts of Interest and Business Conduct Policies.

3. MEMBERSHIP & CHAIR

The Remuneration Committee shall be appointed by the NHS East Riding of Yorkshire Clinical Commissioning Group from amongst its Governing Body members. The membership of the committee shall comprise of the following;

- 2 Lay Governing Body Members (another Lay Governing Body Member should attend as deputy if either of the regular members are unable to attend)
- 1 GP either from the Governing Body and/or the Council of Members (another GP should attend as deputy if the regular member is unable to attend)
- 1 Governing Body Secondary Care Doctor (another GP should attend as deputy should the Secondary Care Doctor be unable to attend).

One Lay Member and one other non GP Member must be appointed to the Chair and Vice Chair roles (i.e. if the Chair is a lay member then the Vice Chair should be the secondary care doctor).

The Chair of the Audit & Integrated Governance Committee cannot be Chair of the Remuneration Committee.

4. ATTENDANCE & QUORACY

Meetings will be quorate where at least 2 members are present. Members will have to leave the discussions if they have a conflict of interest with regard to some or all of the business being conducted at the meeting. No decision will be able to be made unless 2 members are present who do not have a conflict of interest in the decision being made.

Other individuals such as the Accountable Officer, Chief Finance Officer, the Chair of the CCG and external advisers such as eMBED Health Consortium representatives may be invited to attend for all or part of any meeting as and when appropriate. The role of other individuals who attend and external advisors will be to draw the committee's attention to best practice, national guidance and other relevant documents as appropriate.

5. DECISION MAKING

All members will have voting rights.

No individual should be in attendance for discussion about their own remuneration and terms of service. All individuals attending a meeting must declare any potential conflicts of interest. The Chair will have the responsibility for managing any potential conflict of interest in line with the CCG Conflicts of Interest Policy.

When making decisions the committee will consider best practice and comply with relevant disclosure requirements for remuneration.

6. REMIT & RESPONSIBILITIES OF THE COMMITTEE

The committee shall make decisions on the following;

- Determinations about pay and remuneration for employees of the NHS East Riding of Yorkshire Clinical Commissioning Group. This will include development pay and the use of Recruitment and Retention Premiums.
- Determinations about annual salary awards [where applicable].
- Determinations about pay and remunerations for people who provide services to the NHS East Riding of Yorkshire Clinical Commissioning Group.
- The severance payments of NHS East Riding of Yorkshire Clinical Commissioning Group Employees and contractors, seeking HM approval as appropriate in accordance with the guidance 'Managing Public Money'.
- To receive and review new policies and instructions relating to remuneration.

In making decisions the committee must ensure adherence with equal pay requirements and will strive to maximise value for money.

7. MANAGEMENT & REPORTING

Comprehensive written records shall be kept from each meeting, these will include all minutes, reports and other documentation associated with the business of the committee.

The minutes of the Committee meetings will be submitted by the committee Chair to the NHS East Riding of Yorkshire Clinical Commissioning Group Governing Body Chair within 11 calendar days of the meeting.

The minutes and papers from this meeting will not be routinely made available to the public and will not be included in the CCGs Publication Scheme. Any formal request for these minutes and papers will, however be carefully considered under the Freedom of Information Act 2000.

These terms of reference are accessible to the public on the NHS East Riding of Yorkshire Clinical Commissioning Group website.

8. ADMINISTRATION

Administration for meetings will be undertaken by the Governance and Corporate Services Team. The secretary of the committee will be responsible for supporting the chair in the management of remuneration business. This will include arranging, formal minutes and archiving of all reports and documentation associated with the business of the committee.

9. FREQUENCY

Meetings shall be held as and when required upon receipt of a request to the Chair or Vice Chair. The committee will meet a minimum of twice per financial year. Meeting dates will usually be set at the start of the calendar year. In the event of a change to the scheduled dates a minimum of seven calendar days' notice will be provided of the meeting and any documents to be considered/ discussed at the meeting will be circulated to the committee at least five days prior to the meeting.

10. REVIEW

These Terms of Reference, and any subsequent amendments, shall be agreed by the NHS East Riding of Yorkshire Clinical Commissioning Group Governing Body. These Terms of Reference will be reviewed on an annual basis or earlier if necessary to comply with changes in national guidance and legislation.